



Report Identification Number: AL-16-012

Prepared by: Albany Regional Office

Issue Date: 1/4/2017

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
FM-Foster Mother	SS-Surviving Sibling	

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	LMC-Lack of Medical Care	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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

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

Jurisdiction: Fulton
Gender: Male

Date of Death: 06/11/2016
Initial Date OCFS Notified: 06/11/2016

Presenting Information

On 6/11/16 a report was made the SCR which stated that a 1 year old foster child died while in the care of his foster mother. According to the report, on 6/10/16 at 10pm, the subject child was running a fever of 102.5 degrees. The foster parent gave the subject child Tylenol, Motrin and a cool wash cloth per the doctors advice. The subject child fell asleep at 10:30pm and was being watched through a video baby monitor. Around 8am on 6/11/16, the foster parent found the subject child not breathing, unresponsive and discolored in his crib. 911 was called and the subject child was transported to the hospital via ambulance where he was pronounced dead. An autopsy was to be performed. The Gloversville police were involved with the investigation. There were no other children in the home.

Executive Summary

This report involves the death of a male 22 month old child who resided in a foster home in Fulton County licensed by Berkshire Farms. The child was placed in foster care by Albany County DSS on 10/15/14. On 6/11/16, Fulton County received and SCR report alleging DOA/Fatality and IG against the foster mother regarding the deceased child.

During the course of the investigation, Fulton County DSS (FCDSS) interviewed the foster mother with Gloversville PD. FCDSS also interviewed the foster parent's mother who was visiting at the time of the fatality. FCDSS spoke with all necessary and appropriate collateral contacts. All collateral contacts noted that the foster parent treated the child excellent and noted that there were no signs of abuse or maltreatment.

The investigation discovered that the deceased child was born medically fragile and was under the care of numerous physicians. The investigation showed that the foster parent was compliant with the deceased child's appointments and medical care. The cause and manner of the child's death is still pending. The child's body was examined by the Fulton County coroner and was then sent to Albany Medical Center to be examined by a forensic medical examiner. The coroner and medical examiner stated that there were no signs of abuse/neglect or trauma and that the cause of death is likely to be a medical cause but that the autopsy report would take 6-7 months to complete. FCDSS visited the foster home the date of the child's death and it was documented that the home was neat and clean with appropriate provisions for the child with no signs of drugs or alcohol misuse. There were no other children in the home.

The case was unfounded on 8/9/16 for allegations of DOA/Fatality and IG against the foster mother. FCDSS spoke to medical professionals who had no concerns regarding the care and follow through that the foster mother provided for the deceased child. The medical professionals and community service providers noted that the foster parent took extremely good care of the deceased child and followed through with all services and appointments. Services were provided to the foster mother after the fatality by FCDSS, Berkshire Farms and Albany County DSS. There were no surviving siblings or other children in the home. There were no charges filed against the foster parent by the Gloversville PD.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - 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? 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? 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: Fulton County DSS completed a thorough investigation into the child's death and there was no evidence that the death was caused by the foster parent. The death was believed to be related to a medical issue and that was verified by medical specialists and the coroner. The autopsy report would not be available for about 6 months due to additional genetic testing that was going to be performed.

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: 06/11/2016

Time of Death: 08:51 AM

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

County where fatality incident occurred: FULTON

Was 911 or local emergency number called? Yes

Time of Call: 08:21 AM

Did EMS 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



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Playing
 Other

Eating

Unknown

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	Alleged Victim		1 Year(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	36 Year(s)

LDSS Response

On 6/11/16, Fulton County DSS (FCDSS) received an SCR report regarding the death of a 21 month old child who was residing in a Berkshire Foster Home in Fulton County. The child was placed by Albany County Department for Children Youth and Families (ACDCYF). FCDSS immediately contacted the hospital where the child had been taken and also contacted Gloversville PD. FCDSS and the Gloversville PD interviewed the subject Foster Mother (FM) together with the subjects mother present at the hospital the date of the death. The FM stated that the child went to bed at 7:30pm and woke up at 10pm with a fever of 102.5. The FM stated that she gave the child fever reducer and a cool compress and put the child back to bed. The FM stated that she woke in the morning around 8am and found the child unresponsive. The FM stated that she called 911 and started CPR. The FM denied that she was under the influence of drugs or alcohol. The subject's mother was interviewed and she corroborated the FM's timeline of events for the night prior.

FCDSS spoke to the Berkshire foster care worker who confirmed the child was medically fragile and stated that they had no concerns for the FM's care of the child. FCDSS met Gloversville PD at the home the day of the death. There was no safety concerns found. FCDSS spoke to a pharmacist who confirmed that the dosages of fever reducer that was given to the deceased child were within recommended limits. FCDSS spoke to the RN who was on duty at the time of the death who stated that the child presented in the ER cold and blue and that there was no outward signs of abuse.

FCDSS completed a records check on the child and the FM. The Coroner was interviewed and stated that there was no outward signs of trauma or abuse and suggested that the cause of death was probably a medical issue. The coroner advised that the autopsy report would not be available for several months. The DA, county attorney, director of services, commissioner ACDCYF and the BM were informed of the child's death. ACDCYF completed an OCFS-7065 documenting the death. ACDCYF provided the FM with supportive services including arranging the memorial and funeral for the child. Grief counseling was also offered to the BM.

FCDSS reviewed the deceased child's medical records and results of testing confirmed that the child had a medical condition. The EMS documentation was reviewed from the date of death. The report noted that there were no signs of trauma to the child. FCDSS spoke to the child's pediatrician who stated that the FM kept all appointments and provided appropriate medical care to the child and that there were no concerns about safety or overall care by the FM. The child's full medical file from the pediatrician was also reviewed which reflected a clear record of regular medical care by the FM. The hospital records from the date of death and all other visits to the ER were reviewed and there was no sign of or concern.



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FCDSS spoke to the child's DC provider who stated that the child attended most weekdays and that he was always clean and appeared well cared for. The DC provider had no concerns for the child's care provided by the FM. The neurologist was interviewed regarding the deceased child's visit on the day before he died. The neurologist stated that he did not have any concerns for the FM care of the child and denies any neurological concerns that day of his visit (6/10/16.) Gloversville PD advised FCDSS that their investigation was complete and that there was no evidence of any criminal activity.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: Fulton County DSS investigated the report in collaboration with Gloversville Police Department. The deceased child was in the custody of Albany County Department for Children Youth and Families (ACDCYF) at the time of his death and therefore ACDCYF was involved in the investigation as well. Albany County CFRT reviewed the case on 6/28/16.

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

Comments: There was a Child Fatality Review Team meeting on 6/28/16 by the Albany county Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
030841 - Deceased Child, , 1 Yrs	030842 - Foster Parent, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
030841 - Deceased Child, , 1 Yrs	030842 - Foster Parent, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated

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



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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"/>
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

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

Services Provided to the Family in Response to the Fatality

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



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Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:

There were no other children in the household. There were no surviving siblings.

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

Explain:

Fulton County DSS, Albany County DCYF and Berkshire Farm all offered the foster parent grief counseling. Albany county DCYF assisted with the funeral arrangements for the deceased child.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was there an open CPS case with this child at the time of death? 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? N/A

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/29/2014	10732 - Deceased Child, Male, 4 Months	10733 - Foster Parent, Female, 34 Years	Lacerations / Bruises / Welts	Unfounded	No



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10732 - Deceased Child, Male, 4 Months	10733 - Foster Parent, Female, 34 Years	Inadequate Guardianship	Unfounded
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Report Summary:

On 12/29/14, Albany County DCYF received a SCR report alleging Inadequate Guardianship and Lacerations, Bruises and Welts against the foster mother regarding the deceased child. The report alleged that the deceased child (age 4 months) had a 2-3 inch long scratch on the back of his left thigh. The report alleged that the injury was believed to be inflicted. According to the report, the foster parent did not have an explanation for the injury.

Determination: Unfounded

Date of Determination: 02/11/2015

Basis for Determination:

The child was observed to have a faint light red scratch on his leg and the foster parent reported that it was likely a result of him scratching himself due to his nails being too long. The child's daycare was contacted as a collateral and they had no concerns for the child's care and stated that the foster parent was upfront about the scratch on the child. The daycare reported that they have not seen any other marks or bruises on the child. The foster care worker did not have any concerns for the child. There was no credible evidence found through the investigation and no safety factors identified.

OCFS Review Results:

There was an open services case in Albany County due to the child being in Berkshire Foster home. The child was placed by Albany County DCYF. The foster parent lived in Fulton County so Fulton County took a secondary role on the case to make the home visits and interview the foster parent. Albany County services workers and Berkshire foster care workers were contacted as collaterals for the child as well as the child's daycare where he was seen on a regular basis.

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)
10/14/2014	10726 - Deceased Child, Male, 2 Months	10729 - Unrelated Home Member, Male, 38 Years	Inadequate Guardianship	Unfounded	Yes
	10731 - Other Child - unrelated home members child, Male, 15 Years	10728 - Father, Male, 32 Years	Inadequate Guardianship	Unfounded	
	10726 - Deceased Child, Male, 2 Months	10728 - Father, Male, 32 Years	Inadequate Guardianship	Unfounded	
	10731 - Other Child - unrelated home members child, Male, 15 Years	10727 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	10731 - Other Child - unrelated home members child, Male, 15 Years	10729 - Unrelated Home Member, Male, 38 Years	Inadequate Guardianship	Unfounded	
	10726 - Deceased Child, Male, 2 Months	10727 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	10731 - Other Child - unrelated home members child, Male, 15 Years	10730 - Unrelated Home Member, Female, 42 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 10/14/14, Rensselaer County DSS received a SCR report alleging Inadequate Guardianship against the deceased child's biological father, biological mother and two unrelated home members (one male and one female.) The report



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alleged that the unrelated male and the biological father engaged in a verbal altercation over money issues and physical violence was threatened. The report stated that this continued for an extended period of time in front of the deceased child who was an infant and a 15 yr old male child who was the child of the unrelated home members.

Determination: Unfounded

Date of Determination: 12/30/2014

Basis for Determination:

Rensselaer County documented that they did not find enough credible evidence to substantiate the allegations. According to their determination summary all family members were consistent in reporting that there was an argument between the two families regarding the fiancés. The determination summary stated that the 15 year old child reported that he was sleep during the argument and that he was not scared. The case record documented that the deceased child was not in the room at the time of the argument. The determination summary documented that collateral contacts denied any concerns for the family.

OCFS Review Results:

There was no notes regarding the 15 year old subject child being interviewed regarding the allegations. The 7 day safety assessment documented that there were no safety factors for any child but the 15 yr old was not seen or interviewed in those 7 days so Rensselaer county did not have enough information to make that determination. The investigation determination states that the 15 year old child reported that he was asleep during the argument and denied that he felt scared or unsafe in the home but there were no progress notes that supported that statement. There were not significant collaterals contacted regarding the 15 year old child. The infant was removed due to ongoing concerns.

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

Issue:

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

Summary:

There is no documentation that Rensselaer County interviewed one of the subject children regarding the allegations. There was also no documentation that Rensselaer County they assessed one of the subject child's safety within the first 7 days. Therefore the 7 day safety assessment and investigation determination could not have been properly determined.

Legal Reference:

432.1 (o)

Action:

Rensselaer County DSS must develop a practice to ensure compliance with regulatory required investigation actions regarding face to face contacts with children.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/18/2014	10631 - Deceased Child, Male, 1 Months	10622 - Father, Male, 32 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	10631 - Deceased Child, Male, 1 Months	10622 - Father, Male, 32 Years	Choking / Twisting / Shaking	Indicated	
	10631 - Deceased Child, Male, 1 Months	10621 - Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Indicated	
	10631 - Deceased Child, Male, 1 Months	10621 - Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	10631 - Deceased Child, Male, 1 Months	10622 - Father, Male, 32 Years	Inadequate Guardianship	Indicated	

Report Summary:



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On 9/18/14, Albany County DSS received a SCR report alleging Inadequate Food, Clothing and Shelter against the mother and father regarding the deceased child. The report alleged that the parents are homeless with the 1 month old child and that they have no support or place to take the baby. There was a sub report dated 10/17/16 with allegations of Inadequate guardianship against the mother and father and Choking twisting shaking against the father concerning the deceased child. The report alleged that the father put his hand over the 2 month olds child's face because the baby was crying and would not go to sleep and the mother did not intervene.

Determination: Indicated **Date of Determination:** 10/20/2014

Basis for Determination:
ACDCYF'S investigation revealed that the family was consistently homeless and had no plan for stable housing for their infant child . The family did not have adequate supplies for the child, were not meeting his medical needs, and had incidents of domestic violence with the child present. Services were offered to the family to prevent removal and they failed to follow through with them. The child was removed due to these concerns on 10/15/16.

OCFS Review Results:
Albany County DCYF completed a WMS and SCR history check on the family. Collaterals were contacted and frequent home visits were made to assess safety. Both parents and collateral contacts were interviewed. Services were offered to the family by Albany County DCYF to try to prevent placement but the family did not utilize them.

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

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

There was no history that occurred more than three years before the fatality. The deceased child was an only child and was only 22 months old when he died. The deceased child does not have any known siblings.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Family Assessment and Service Plan (FASP)

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



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Required Action(s)

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

Yes No

Preventive Services History

On 9/30/14 a preventive services case was opened with the mother and father by Albany county DCYF when the deceased child was 6 weeks old. The parents were homeless and had no where to go with the infant child. The parents needed help obtaining safe and stable housing, a payee for the mother's SSI, and parenting education. Healthy Families provided the family with services as well as St. Catherines parent care for preventive. The preventive services case closed on 10/15/14 when the deceased child entered foster care on a 1024 emergency removal.

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: 10/15/2014

Date of placement with most recent caregiver? 10/15/2014

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



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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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 07/11/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 07/11/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional information, if necessary:

The mother surrendered her rights to the deceased child on 11/20/15 at a permanency hearing. Paternity had not been established. The child was freed for adoption on 4/14/16. The foster parent was interested in adopting the child.

Required Action(s)



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

Yes No

Foster Care Placement History

The deceased child was removed from his parents custody by ACDCYF on 10/15/14 on a 1024 emergency removal at the age of 8 weeks. The child was placed with a kinship care resource who was given direct article 10 custody at Albany County Family Court on 10/20/14. On 10/21/14, The kinship care resource decided that she was unable to care for the child so the child was placed in a Berkshire certified foster home (subject's home) based on the parents need for services. The deceased child's biological mother surrendered her rights to the child on 4/14/16 and the child's permanency goal was changed to placement for adoption. The child was freed for adoption on 6/10/16. The child remained with the same foster parent until he died.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No