



**Report Identification Number: AL-19-006**

**Prepared by: New York State Office of Children & Family Services**

**Issue Date: Aug 13, 2019**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.

**Abbreviations**

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 month(s)

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

**Date of Death:** 02/15/2019  
**Initial Date OCFS Notified:** 02/19/2019

## Presenting Information

The 3-month-old child died on 2/15/19, at the Albany Medical Center Hospital Neonatal Intensive Care Unit, as the result of medical complications. The child was born on 10/18/18 and had been in the hospital since birth due to multiple medical issues.

## Executive Summary

On 2/15/19, both Schenectady County Department of Social Services (SCDSS) and Albany County Department for Children, Youth and Families (ACDCYF) notified OCFS of the 3-month-old child's death through the 7065-agency reporting form. SCDSS had an open child protective/preventive services case at the time of the child's death.

On 12/11/18, SCDSS filed a neglect petition was filed in Family Court against the mother for the five SS (ages 10 to one-month-old) and the subject child, for not maintaining a safe and stable home environment, mental health issues which were impacting her ability to parent and not providing regular medical care. On 12/12/18, the judge ordered the mother to cooperate with SCDSS pending further court hearings.

On 1/25/19, ACDCYF received a subsequent SCR report to the open case and was assigned primary on the new report which was open at the time of the child's death. SCDSS remained secondary on the subsequent report. The family was homeless and had been placed in a hotel in Albany County by SCDSS. The hotel was being paid for by SCDSS. The report had concerns the mother was unable to make adequate decisions for the 3-month-old child's care. The child's health decompensated and decisions needed to be made to either escalate care or to set up palliative care for the child.

Upon learning of the child's death SCDSS immediately made efforts to locate the mother to provide support. SCDSS continued to work with the mother and provide preventive services as per the existing Family Court order. SCDSS and ACDCYF gathered sufficient information that the death of the child was not caused by the actions or inactions of the mother. SCDSS obtained and reviewed all medical documentation pertaining to the child. The appropriate bereavement referrals were provided to the mother as well as assistance with funeral expenses.

There was no autopsy performed and the 7065 noted the child was in the Neonatal Intensive Care Unit since birth and had multiple medical issues.

SCDSS met all NYS regulations and requirements pertaining to casework contacts and the provision of services. All Family Assessment and Service Plans (FASPS) were completed and approved and case remained open with the SS at the time of the writing of this report.

ACDCYF met all NYS regulations and requirements pertaining to casework contacts, safety assessments, risk assessment and the provision of services in the investigation that was open at the time of the child's death. ACDCYF unfounded and closed the subsequent investigation which has been addressed in the history section of this fatality report.

### PIP Requirement

OCFS' review resulted some citations. In response, each cited county will submit a Program Improvement Plan (PIP) to the Regional Office which will identify what action(s) the respective LDSS' have taken, or will take, to address the cited



issues. For citations where a PIP is currently implemented, the respective LDSS will review the plan(s) and revise as needed to further address ongoing concern.

## 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?** 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

### Explain:

SCDSS remained open with the family and ACDCYF closed out their investigation.

**Was the decision to close the case appropriate?** N/A

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

### Explain:

SCDSS was providing services to the family.

## 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:** 02/15/2019

**Time of Death:** 03:58 AM

**Time of fatal incident, if different than time of death:** 03:38 AM

**County where fatality incident occurred:** Albany

**Was 911 or local emergency number called?** No

**Did EMS respond to the scene?** No



**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**At time of incident supervisor was:** Unknown if they were impaired.

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Adults: 0**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	3 Month(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	19 Year(s)
Other Household 2	Father	No Role	Male	38 Year(s)
Other Household 3	Father	No Role	Male	35 Year(s)
Other Household 4	Father	No Role	Male	35 Year(s)

### LDSS Response

Both ACDCYF and SCDSS notified OCFS of the child's passing through form 7065 as per regulation on 2/15/2019. ACDCYF had an open SCR report at the time of the child's death. The child was born on 10/18/18 and was a medically fragile child who had been in the hospital since birth due to multiple medical issues. The most recent report received on 1/25/19, reported concerns about the mother's ability to make adequate decisions about the care of the child.

On 5/2/19, the mother made an admission to neglect in Family Court and the Judge issued a one-year order of supervision and the case remained open with preventive services in place. SCDSS was assisting the mother in obtaining, mental health services, housing, day care and the mother was receiving SCDSS benefits for herself and her children.

There was an open protective/preventive services case with SCDSS at the time of the child's death. SCDSS was assisting the mother with referrals for appropriate services for herself and the SS; such as housing, mental health, and day care services.

Upon learning of the death of the child on 2/15/19, SCDSS reached out to offer support and services to the mother. SCDSS met with the mother and the SS and offered appropriate referrals for beavereavment services and obtaining financial



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assistance for funeral expenses. SCDSS obtained and reviewed all medical documentation pertaining to the child and had spoken with the child's medical providers. SCDSS gathered sufficient information and it was determined there was no reasonable cause to suspect that the mother caused the death of the child. The child was a medically fragile child and had been in the hospital since birth. The child died of natural causes while in the hospital.

SCDSS remained open for protective/preventive services with the mother and the SS at the time of the writing of this report.

### 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:** Hospital physician

### Multidisciplinary Investigation/Review

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

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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"/>



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

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

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

**Explain:**

SCDSS was providing services to the family.

### 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 or 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

The children remained in the care of their mother and Schenectady County Department of Social Services was providing on going services to the family.

### 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**

This was an open Child Protective Services and Preventive case with SCDSS. They were assisting the mother in obtaining, mental health services, housing, day care and the mother was receiving SCDSS benefits for herself and her children. Upon the death of the child the appropriate bereavement referrals were provided to the mother as well as assistance with funeral expenses.

### History Prior to the Fatality

#### Child Information

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

#### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/25/2019	Deceased Child, Female, 3 Months	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 8 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged the mother had a history of mental health issues. The newborn child suffered from multiple medical issues and had remained in the hospital since birth. The mother was unable to make adequate decisions for the 3-month-old child's care. The child's health decompensated and decisions needed to be made to either escalate care or to set up palliative care for the child. Albany County Department of Children, Youth and Families was requested to take Primary on this subsequent investigation to the open case in Schenectady County. The reason for the request was the mother and children were in a hotel in Albany County that was being paid for by SCDSS as mother had become homeless.

**Report Determination:** Unfounded**Date of Determination:** 02/27/2019**Basis for Determination:**

ACDCYF met with the mother, the SS and observed the child in the hospital. ACDCYF learned during the investigation that mother was homeless and receiving shelter services from SCDSS. The mother was reluctant to remove the child from life support. The mother did not have transportation, day care services, permanent housing, and was working with SCDSS to obtain these services. The mother was under Court Ordered Supervision due to an Article 10 Neglect Petition that was filed in Schenectady County Family Court. The child died from natural causes and ACDCYF unfounded and closed their case. SCDSS continued to work with the mother and SS.

**OCFS Review Results:**

ACDCYF and SCDSS completed adequate safety and risk assessments, implemented safety plans when necessary and



gathered sufficient information to make a determination. Service needs were adequately assessed, offered and put in place when necessary.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/04/2018	Deceased Child, Female, 1 Months	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 8 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Months	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 10 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The report alleged the mother had mental health issues. The mother was not complying with mental health treatment that was set up for her. The mother gave birth to the child on 10/18/18 and the child was a medically fragile child. The mother initially gave consent for the child to be treated in the NICU but the mother needed to meet with the hospital to further plan for the child's treatment. There was concern that mother's mental health issues were affecting her being able to make decisions for the child's care as well as the care of the SS.

**Report Determination:** Unfounded

**Date of Determination:** 12/13/2018

**Basis for Determination:**

This was a subsequent report with allegations of IG and LMC against the mother for the SS and the child. Mother refused to cooperate and denied access to the SS. Based on the mother's CPS history and interviews with collaterals such as doctors and mental health professionals, SCDSS filed for an Access Order in Family Court on 12/7/18. The Access Order was granted by the Judge to see the SS inside the home. On 12/11/18 SCDSS filed for an emergency removal of the SS but the Family Court Judge denied the removal and adjourned the hearing till 12/12/18 at which time the Judge Court Ordered the mother to comply with SCDSS. The case was IND and remained open for services.



**OCFS Review Results:**

SCDSS completed adequate safety and risk assessments, implemented safety plans when necessary and gathered sufficient information to make a determination. Service needs were adequately assessed, offered and put in place when necessary.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/18/2018	Sibling, Male, 2 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Days	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 5 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Days	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Father, Male, 19 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged the mother had a mental health diagnosis and should have been attending counseling. The mother is willing to attend but did not have transportation or child care. The mother's behavior was erratic and she had thrown feces on the neighbor's window. The mother's mental health issues prevented her from providing a minimum degree care for the SS.

**Report Determination:** Indicated

**Date of Determination:** 12/18/2018

**Basis for Determination:**

Schenectady County Department of Social Services substantiated the allegation of IG against the mother for the SS. The mother gave birth to the infant during the open investigation. This child was a medically fragile child and remained in the hospital. Based on interviews, observations and collateral contacts SCDSS filed an Article 10 Neglect petition in Family Court against the mother for the SS. The mother was ordered to cooperate with SCDSS and undergo a mental health evaluation. The case was indicated and opened for child protective services and preventive services.

**OCFS Review Results:**

SCDSS completed adequate safety and risk assessments, implemented safety plans when necessary and gathered sufficient information to make a determination. Service needs were adequately assessed, offered and put in place when necessary.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/19/2018	Sibling, Male, 2 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 5 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 34 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The report alleged the parent substitute (PS) physically assaulted the mother in the presence of the SS ages 9yo, 8yo, 6yo, 5yo, and 15-months-old. The PS punched the mother on the head and strangled her. The SS attempted to intervene by throwing an iron at the PS, and jumping on him. It was unknown if the SS sustained any injuries during the incident.

**Report Determination:** Indicated

**Date of Determination:** 08/15/2018

**Basis for Determination:**

Albany County Department for Children, Youth and Families substantiated the allegation of IG against the mother and the PS for the SS. The mother and the PS admitted the incident occurred in front of the SS; however, they denied the SS were hurt or intervened on their mother's behalf. The PS had been arrested and was no longer in the home. The case was indicated and closed no further services required. The SS were not interviewed and ACDCYF stated in their determination this was due to their ages.

**OCFS Review Results:**

The review showed ACDCYF had not interviewed the SS about the assault on their mother. The SS ages 9yo, 8yo, 6yo, and 5yo were old enough to be interviewed and may have had relevant information about the assault on their mother and about their own safety at the time of the incident. Because the SS were not interviewed the appropriateness of the allegation determination is in question. ACDCYF failed to show the causal connection according to the elements needed in making a determination of maltreatment. The review further noted the 7-day safety assessment was not completed on time. The safety assessment was 30 days late.

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

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. There is no documentation in the Connections case record that the SS were interviewed. In fact ACDCYF documented they were not interviewed due to their ages.

**Legal Reference:**

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

**Action:**

ACDCYF will make efforts to interview everyone residing in the household.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**



The 7-day safety assessment was not completed during the 7-day required time frame as per regulation.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACDCYF will complete the 7-day safety assessment within the required time frame as per regulation.

**Issue:**

Appropriateness of allegation determination

**Summary:**

ACDCYF substantiated the allegations of inadequate guardianship against the mother and the PS for the SS. While the mother and the PS told ACDCYF the SS were present during the assault, ACDCYF failed to show that the child's physical, mental or emotional condition was impaired or in imminent danger of impairment as a result of witnessing the assault on their mother.

**Legal Reference:**

FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

**Action:**

ACDCYF will refer to the CPS Program Manual and/or consult with the Albany Regional Office when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to the definition(s). Chapter 6, section o, subdivision a. elements of neglect/maltreatment.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/12/2017	Sibling, Male, 19 Months	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 19 Months	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged the home was in deplorable condition. The mother would not let anyone in the home because of the condition of the home. The SS ages 9, 8, 5 and 1 all have body odor, smell of urine, the SS wear the same dirty clothes repeatedly, the clothes were ill fitted, and they have no socks.



**Report Determination:** Unfounded **Date of Determination:** 02/18/2018

**Basis for Determination:**  
 Onondaga County Department of Social Services unsubstantiated the allegations for IF/C/S and IG against the mother for the SS. Home visits were made to the home and the home exceeded minimum standards. The SS were observed at home and school and were clean and dressed in clean clothes. The mother had been receiving services but those services closed and were no longer needed. The case was unfounded and closed with no further services required.

**OCFS Review Results:**  
 OCDSS gathered sufficient information to close the 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)	Allegation Outcome	Compliance Issue(s)
10/18/2017	Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 5 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 7 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 17 Months	Mother, Female, 33 Years	Burns / Scalding	Substantiated	
	Sibling, Male, 17 Months	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	
Sibling, Male, 17 Months	Mother, Female, 33 Years	Lack of Supervision	Substantiated		

**Report Summary:**  
 The report alleged the SS were unsupervised when the 15-month old SS was burned by hot soup. The SS was treated and released from the hospital. When the mother arrived home from the hospital, the mother woke the other SS, blamed them for burning the 15-month-old and required the SS to do running drills outside to the point they were scared and tired.

**Report Determination:** Indicated **Date of Determination:** 11/16/2017

**Basis for Determination:**  
 There was sufficient information to substantiate the allegation against the mother for the SS. The children were left alone for an undetermined amount of time. The mother was arrested for endangering the welfare of a child. The 15-month-old was sent to the hospital to be treated as he had suffered burns previously and the wounds had reopened. The mother failed to provide a minimum degree of care by placing the SS at risk of harm. The mother had not been following through with the treatment for the burns. Service providers had numerous concerns for the conditions of the home. The case was Indicated and stated no CPS required.

**OCFS Review Results:**  
 OCDSS did not interview the SS and /or appropriately addressed the multiple possible safety and risk concerns about the care of the SS. OCDSS despite the vulnerable ages of the SS did not consult with their legal department about the ongoing concerns of service providers and other collateral contacts about the care of the SS and the conditions of the home. Notice of Existence letters were provided over 20 days after the due date. There was no documentation of supervisor review regarding the determination. The additional reported concerns in this subsequent report were not addressed with the mother or the SS.

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

**Issue:**  
 Assessment as to need for Family Court Action

**Summary:**

Despite the case history and numerous concerns from collateral contacts in a position to provide information about the care and supervision of the children, OCDSS did not consult with their legal department.

**Legal Reference:**

SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

**Action:**

OCDSS shall, in all cases where a child abuse or maltreatment report is being investigated, assess whether the best interests of the child require Family Court or Criminal Court action and shall initiate such action, whenever necessary.

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. There is no documentation in the Connections case record that the SS were interviewed.

**Legal Reference:**

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

**Action:**

OCDSS will make efforts to interview everyone residing in the household.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day safety assessment was not completed during the 7-day required time frame as per regulation.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

OCDSS will complete the 7-day safety assessment within the required time frame as per regulation.

**Issue:**

Pre-Determination/Supervisor Review

**Summary:**

There is no documentation in the Connections case record of a supervisory review prior to the case determination.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(v)

**Action:**

OCDSS will consult supervision when determining a case and at other pertinent times throughout the investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/07/2017	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated	Yes
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated	



Sibling, Male, 8 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 8 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 8 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated
Sibling, Female, 6 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Female, 6 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 6 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated
Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 5 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated
Sibling, Male, 15 Months	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 15 Months	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 15 Months	Mother, Female, 33 Years	Lack of Supervision	Substantiated
Sibling, Male, 15 Months	Mother, Female, 33 Years	Lack of Medical Care	Substantiated

**Report Summary:**

This report and two duplicate reports alleged the mother left the SS home alone. The police were called to the home and found the SS age 9 and 1yo at the home without supervision. The 1yo was observed with burns that had gone untreated. The condition of the home was unsanitary and unsafe for the SS. There were large amounts of clutter, animal feces, cockroaches and other insects throughout the home.

**Report Determination:** Indicated

**Date of Determination:** 11/16/2017

**Basis for Determination:**

There was sufficient information to substantiate the allegation against the mother for the SS. The children were left alone for an undetermined amount of time. The mother was arrested for endangering the welfare of a child. The 1yo was sent to the hospital to be treated as he had suffered burns previously and they had reopened. The mother failed to provide a minimum degree of care by placing the SS at risk of harm. The mother had not been following through with the treatment for the burns. Services providers had numerous concerns for the condition of the home. The case was Indicated and stated no CPS required.

**OCFS Review Results:**

OCDS did not interview the SS and/or appropriately addressed the multiple possible safety and risk concerns about the care of the SS. Despite the vulnerable ages of the SS, OCDSS did not consult with their legal department about the ongoing concerns of service providers and other collateral contacts about the care of the SS and the condition of the home. Notice of Existence letters were provided over 20 days after the due date. There was no documentation of supervisor review regarding the determination.

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

**Issue:**



Assessment as to need for Family Court Action

**Summary:**

Despite the case history and numerous concerns from collateral contacts in a position to provide information about the care and supervision of the children, OCDSS did not consult with their legal department.

**Legal Reference:**

SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

**Action:**

OCDSS shall, in all cases where a child abuse or maltreatment report is being investigated, assess whether the best interests of the child require Family Court or Criminal Court action and shall initiate such action, whenever necessary.

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. OCDSS there is no documentation in the Connections case record that the SS were interviewed.

**Legal Reference:**

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

**Action:**

OCDSS will make efforts to interview everyone residing in the household.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day safety assessment was not completed during the 7-day required time frame as per regulation.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

OCDSS will complete the 7-day safety assessment within the required time frame as per regulation.

**Issue:**

Pre-Determination/Supervisor Review

**Summary:**

There is no documentation in the Connections case record of a supervisory review prior to the case determination.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(v)

**Action:**

OCDSS will consult supervision when determining a case and at other pertinent times throughout the investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/12/2017	Sibling, Male, 5 Years	Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unsubstantiated	Yes
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	



Sibling, Female, 9 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated
Sibling, Male, 8 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 8 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 8 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated
Sibling, Female, 6 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Female, 6 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 6 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated
Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 5 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated
Sibling, Male, 15 Months	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated
Sibling, Male, 15 Months	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 15 Months	Mother, Female, 33 Years	Lack of Supervision	Substantiated

**Report Summary:**

This report and two duplicate reports alleged the mother hit the 5yo SS with a belt and her hand because he woke her from a nap. The SS had marks on his face as result. The mother took the SS to the MGM's home to hide the SS's injuries. The mother had the 9yo and 6yo SS provide care for the 16-month-old SS on a regular basis with no supervision. The home had multiple safety hazards that placed the SS at risk of harm.

**Report Determination:** Indicated**Date of Determination:** 09/21/2017**Basis for Determination:**

Onondaga County Department of Social Services substantiated the allegations of IF/C/S, IG and LS against the mother for the SS. OCDSS interviewed family members and learned the mother hit the 5yo SS with a belt and sent the child to the MGM's home to hide his injuries. OCDSS went to the mother's home and observed numerous safety concerns, such as animal feces, garbage, and clothing strewn about the home. The 9yo and 6yo SS were often left to care for the 16-month-old SS. The allegation of L/B/W was Unsub against the mother for the 5yo SS. The report was indicated and closed. The family was referred to community based services.

**OCFS Review Results:**

The review noted OCDSS had not seen the 5yo SS until five days into the investigation; however, many attempts were made. OCDSS did not interview the 5yo SS about the alleged incident. Numerous progress notes in the connections case record were entered over 30 days after the event date. The fathers were added to the report and Notice of Existence letters were mailed to them. None of the letters were sent within the 7-day required time frame as per regulation. OCDSS indicated the mother for the above allegations but the appropriate safety factors were not identified on the initial safety assessment. The 7-day safety assessment was completed 45 days late.

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



**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. OCDSS did not interview the 5yo SS who was alleged to have been hit with a belt by his mother.

**Legal Reference:**

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

**Action:**

OCDSS will make efforts to interview everyone residing in the household.

**PIP Requirement:**

For issues identified in historical cases, OCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day safety assessment was not completed on time and the safety factors were not accurately identified on the completed assessment.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

OCDSS will complete the 7-day safety assessment and accurately reflect the safety factors that are present within the required time frame as per regulation.

**Issue:**

Failure to provide notice of report

**Summary:**

OCDSS mailed the Notice of Existence letters to the subject(s) and parent(s)/other person(s) named in the report; however, the letters were not sent within the 7-day required time frame as per regulation.

**Legal Reference:**

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

**Action:**

ODSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

OCDSS entered numerous progress notes more than 30 days after the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

ODSS will enter progress notes contemporaneously as events occur.



SCR report received 5/29/09 with allegations of IG and IF/C/S against the mother for a SS. The allegations were Unsub and the case was closed on 6/24/09.

SCR report received 9/11/14 with allegations of IG and IF/C/S against the mother for SS. The allegations were Unsub and the case was closed on 11/14/14, no services were required.

SCR report received 1/26/15 with allegations of IG and EdN against the mother for the SS. The case was tracked FAR. The case was closed on 4/20/18, no further assistance was needed.

SCR report received on 4/29/15 with allegations of IG, IF/C/S, PD/AM and LS against the mother for the SS. The allegations were substantiated and the SS were removed and placed in foster care. The case was indicated and opened for services.

SCR report received on 9/25/15 with allegations of IG against the mother for the SS. The allegations were unsubstantiated and the case remained open for services.

### Known CPS History Outside of NYS

The mother had a history of neglect in Florida for one of the SS. The mother and the SS were living in Florida and the older SS were staying with the MGM in Schenectady County. The SS in Florida was removed from his mother's care on 8/2/13 and placed in Foster Care in Florida. The mother had placed the infant on top of a van and the child fell off and sustained an injury to the head. The mother was arrested and charged child neglect. The charge was a person who willfully neglects a child. The mother completed the following services: counseling, mental health treatment, a substance abuse evaluation, and a parenting program. The SS was returned to the mother's care on 4/28/14. Sometime in May of 2014 the mother and the SS returned to NYS and reunited with the older SS. On 10/27/14 the case in Florida was closed and the SS was determined to be safe in the mother's care. No further details were documented in the Connections case record about the Florida case.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes**  
Date the preventive services case was opened: 12/07/2018

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**  
Date the Child Protective Services case was opened: 12/07/2018

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
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"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

SCDSS remained open and was providing all appropriate needed services to the mother and the SS.

### Preventive Services History



On 4/30/2015, a temporary removal was granted by the Family Court Judge on a pre-petition hearing and the SS were placed in foster care. Family Court was adjourned until 5/4/15 and an Article 10 abuse/neglect petition was filed by OCDSS. On 5/4/15 the Family Court Judge granted removal with continued placement. On 6/9/15, the SS were placed with the MGM as a relative placement with court ordered preventive services. On 9/15/15, the mother made an admission to neglect in Family Court and the SS were returned to the mother's care. The mother agreed to comply with court ordered services and a one-year order of supervision. The mother received the following services: parent aide, and mental health counseling. On 1/3/17, the service goals were completed and the case was closed.

On 6/15/17, a preventive service case was opened at the mother's request for assistance. The mother needed assistance with housing, day care and parenting. The case closed on 12/15/17, the mother no longer wanted services.

On 12/11/18, SCDSS filed a neglect petition in Family Court against the mother for the SS. On 12/12/18, after two days of testimony, the judge ordered the mother to cooperate with SCDSS pending further court hearings. On 5/2/19, the mother made an admission to neglect in Family Court and the Judge issued a one-year order of supervision and the case remained open with services in place.

### Foster Care Placement History

On 4/30/2015, a temporary removal was granted by the Family Court Judge on a pre-petition hearing and the SS were placed in foster care. Family Court was adjourned until 5/4/15 and an Article 10 abuse/neglect petition was filed by OCDSS. On 5/4/15 the Family Court Judge granted removal with continued placement. The reasons for placement were due to mother's drug use, lack of supervision and housing issues. The mother was arrested for two counts of endangering the welfare of a child. On 6/9/15, the Family Court Judge placed the SS with the MGM and the mother was ordered supervised visits and to cooperate with court ordered mandated preventive services. (See the preventive history above for additional details as children were no longer in Foster Care)

### 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:
12/11/2018	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	050382 Mother Female 35 Year(s)	
<b>Comments:</b>	SCDSS had filed an Article 10 neglect petition in Family Court in their county on 12/11/18 and a temporary order of supervision was issued. On 5/2/19, the mother made an admission to neglect in Schenectady County Family Court and the Judge issued a one year order of supervision.	

### 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