



**Report Identification Number: AL-20-001**

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

**Issue Date: Jun 03, 2020**

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

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

**Date of Death:** 01/24/2020  
**Initial Date OCFS Notified:** 01/29/2020

## Presenting Information

Schenectady County Department of Social Services (SCDSS) became aware of the death of a 3-year-old child in an open services case on 1/27/20. The child passed away on 1/24/20, due to severe congenital heart disease. The child was a resident of a long-term care facility and had been transferred to a hospital in NYC in November 2019. The child required heart surgery and had remained there while recovering from the procedure until her death. The family had an open preventive case at the time of the child’s death due to unrelated concerns for the family. The child had three siblings, ages 9, 13, and 13 years. An additional 11-year-old child was reported and was determined to be a maternal relative and not a sibling.

## Executive Summary

This report concerns the death of a 3-year-old female child that occurred on 1/24/20. The child passed away from severe congenital heart disease while in a medical facility. The child was a resident of a long-term care facility and had been transferred to the hospital for a surgical procedure in November 2019. The child remained in the hospital until her passing. There were three surviving siblings, ages 13, 13, and 9 years old. There was no autopsy performed due to the known medical conditions prior to the child’s passing. Schenectady County Department of Social Services learned the child had passed away on 1/27/20. Upon learning of the child’s death, Schenectady County informed the Albany Regional Office through the 7065-Agency Reporting Form. The decision was made jointly that the death did not need to be reported to the State Central Registry.

The mother and two of the surviving siblings, ages 13 and 9, were involved in an open long-term services case, and there was also an open investigation, subsequent to the services case, involving the mother, the 13-year-old and 9-year-old surviving siblings. The siblings were assessed after the child’s death. The mother has a significant history with CPS due to alcohol abuse, mental health concerns, and unstable housing. The 13-year-old and 9-year-old children had previously been in the care of the maternal grandmother. The mother regained custody of the children through Schenectady County Family Court in December 2018. An 11-year-old surviving sibling was initially reported. This child was actually a maternal cousin that was not part of the household composition and was assessed as being safe during the investigation. The child did have an additional 13-year-old sibling that was in the care and custody of the maternal grandmother. The child had remained in the care of the grandmother since the mother regained custody of the other surviving siblings. The sibling was assessed to be safe during the investigation period.

The allegations of the investigation open at the time of death were addressed adequately by Schenectady County Department of Social Services and the decision was made to unfound the report. Appropriate services were being provided through the open services case. Services were offered to the family in response to the death. The family declined services related to the passing of the child and identified they would contact existing providers if their needs changed.

## 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

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:**  
SCDSS investigated the fatality thoroughly and were informed the child passed away due to congenital heart disease during recovery from surgery in November 2019. The child had been hospitalized at the time of her death. At the time of this writing the family's Prevention Services case remained open.

### 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: 01/24/2020

Time of Death: 10:30 PM

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

County where fatality incident occurred: New York

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? N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: recovering from surgery

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

At time of incident supervisor was: Not 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 Year(s)
Deceased Child's Household	Mother	No Role	Female	40 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Other Household 1	Father	No Role	Male	47 Year(s)

**LDSS Response**

SCDSS was notified of the subject child’s passing on 1/27/20 by the 9-year-old sibling’s care manager. An open investigation involving the BM, 13-year-old surviving sibling, and 9-year old surviving sibling had begun on 11/24/19. The investigation was regarding an alleged physical incident between the BM and the deceased child’s 13-year-old cousin in the presence of the surviving siblings. The incident was investigated, and all parties and appropriate collaterals were interviewed. Through the course of the investigation it was learned that there was a physical incident between a maternal aunt and her daughter. The BM and SS were present during the incident and it was alleged the BM had been drinking alcohol with other adults that were present. The BM has a history of alcohol abuse, mental health concerns, and unstable housing. The SS have previously been removed from the care of the BM and placed with maternal relatives. The BM regained custody of the children in December 2019 through Schenectady County Family Court. There were no current concerns for the BM’s substance abuse or mental health and the BM is working with mental health providers. A prevention services case has been open with the family since May of 2019. The 9-year-old SS displayed aggressive behaviors in the home and community and received services through Health Homes. The family also began working with a prevention provider in February 2020.

Upon learning of the death of the SC, SCDSS informed OCFS through the 7065 Agency Reporting Form, and began their investigation into the death. SCDSS learned that the SC had been in New York Presbyterian Hospital/Columbia University Medical Center since November 2019 for surgery. Prior to being in the hospital, the SC had been a resident of a long-term care facility in Albany County and had not lived in the BM’s home during her life. SCDSS spoke with hospital staff and were informed that the SC had passed away due to Severe Congenital Heart Disease. An autopsy was not performed due to the care the SC was receiving and known medical conditions. The BM was informed that the child was not doing well and was not expected to survive. The BM, 13-year-old SS, and 9-year-old SS were able to travel to the hospital and were present at the hospital at the time of the SC’s passing.

SCDSS offered services to the family and assessed the safety of the children in the home. Burial assistance was accepted. Grief and mental health counseling were declined during the investigation period. The BM chose to utilize her mental health providers and will inform SCDSS through the prevention workers if she feels additional services are necessary. SCDSS made attempts to speak with the BF of the SC. The BF refused to speak with them, aside from a brief encounter at the SC’s funeral. The investigation was closed and the family continues to have a prevention case in place with SCDSS.

**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? Yes**

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

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

### 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"/>
<b>Explain as necessary:</b> The 13yo and 8yo surviving siblings remained in the care of their mother. The family was involved in a multitude of services prior to and at the time of the subject child's death.				

### 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"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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"/>				

**Additional information, if necessary:**  
 The mother and the surviving siblings were receiving a multitude of services prior to and after the death of the subject child.

**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? No**

**Explain:**  
 Services were offered and declined by the family. The mother chose to utilize her current providers and declined services for the children. The mother identified she will reach out to her services workers if the need arises for additional counseling services for the children.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**  
 Services were offered and declined by the family. The mother chose to engage with her current providers for support after the death.

### History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- 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)	Allegation Outcome	Compliance Issue(s)
03/13/2019	Other Child - Cousin, Female, 11 Years	Mother, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - Cousin, Female, 11 Years	Mother, Female, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

SCDSS received an SCR report alleging that the BM had punched the 8-year-old surviving sibling in the face, grabbed his head and pushed it between his legs, and choked him because he was hitting her.

**Report Determination:** Unfounded

**Date of Determination:** 05/01/2019

**Basis for Determination:**

Neither the 8-year old sibling or 12-year-old sibling made a disclosure regarding the alleged physical incidents. The 12-year old sibling identified that the 8-year-old sibling was acting out while in a waiting room before an appointment and that the BM was placing him back in his chair by his shoulders. Mental health providers disclosed no concerns for the BM caring for the children during the investigation period.

**OCFS Review Results:**

SCDSS made the appropriate decision to unfound the allegations as the children made no disclosures of physical discipline and the 12-year-old sibling denied this incident occurred. SCDSS did not document a search of the case history, contact biological fathers for the children, or document an interview with the BM regarding the allegations of the report. The record did not reflect that the source was contacted.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

There was no documentation that contact with the sources of the initial and subsequent reports was made at the time each report was made. Two sources of reports were later met with as part of a provider meeting held for the family. SCDSS failed to obtain information from the reporting sources relevant to the allegations in the reports.

**Legal Reference:**

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

**Action:**

SCDSS will contact, or make diligent efforts to contact, the source of all SCR reports so as to verify adequacy of report and possibly glean additional information.

**Issue:**

Review of CPS History

**Summary:**

There was no documentation of a CPS history check for the family.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of a report, SCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, SCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**



SCDSS did not document an interview with the subject of the report regarding the allegations in the report dated 3/13/19. Documented contact with the subject did not occur until subsequent reports were received alleging new physical incidents on 4/1/19 and 4/4/19.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

A full Child Protective investigation shall include face-to-face interviews with subjects of the report. SCDSS will interview all subjects of reports pertaining to the allegations in the report. The OCFS program manual states the subject must be provided an explanation of each allegation in the report and be given an opportunity to respond to the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/18/2019	Sibling, Male, 12 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 12 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

SCDSS received an SCR report that alleged that the mother was an alcoholic and had children removed from her care in the past. The report alleged the mother relapsed on alcohol and cocaine, and assaulted someone in the presence of the 12-year-old sibling. A subsequent report was received regarding the 8-year-old sibling's medication regimen and that the mother gave the sibling medications at the wrong times.

**Report Determination:** Unfounded

**Date of Determination:** 05/11/2019

**Basis for Determination:**

SCDSS interviewed all familial parties and appropriate collateral contacts. The allegations were denied by the mother and substance abuse and mental health treatment providers identified no concerns for the mother caring for the children. The mother was also on probation and no concerns for substance use were disclosed by probation. SCDSS worked with treatment providers to ensure the proper medications were being given at the appropriate times.

**OCFS Review Results:**

All family members were interviewed and appropriate home visits were made. The determination made by SCDSS was appropriate and the case was opened for long term services. SCDSS did not contact the biological fathers of the children named on the report.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

There was no documentation that the source of the report dated 3/8/19 was contacted.

**Legal Reference:**

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

**Action:**



SCDSS will contact, or make diligent efforts to contact, the source of all SCR reports so as to verify adequacy of report and possibly glean additional information.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/22/2018	Sibling, Male, 11 Years	Mother, Female, 36 Years	Choking / Twisting / Shaking	Substantiated	Yes
	Sibling, Male, 11 Years	Mother, Female, 36 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Male, 11 Years	Mother, Female, 36 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Male, 11 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 11 Years	Mother, Female, 36 Years	Choking / Twisting / Shaking	Substantiated	
	Sibling, Male, 11 Years	Mother, Female, 36 Years	Excessive Corporal Punishment	Substantiated	
	Sibling, Male, 11 Years	Mother, Female, 36 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Male, 11 Years	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

SCDSS received an SCR report alleging that the mother had excessively used corporal punishment on the children. The mother had a history of drug and alcohol abuse and became impaired while the sole caretaker of the children. The mother also has a history of drug and alcohol use and became impaired while the sole caretaker of the children on 5/20/18. The mother choked an unknown child, punched a glass window, and assaulted a police officer in the presence of the children.

**Report Determination:** Indicated

**Date of Determination:** 08/14/2018

**Basis for Determination:**

SCDSS met with all family members and appropriate collateral contacts. It was disclosed that the mother was visiting one of the children at the maternal aunt's home, became intoxicated and was arrested upon police arrival. The mother did choke a 7-year-old child that was not added to the case. The other children named in the report were not present during the incident.

**OCFS Review Results:**

SCDSS spoke with all parties through this investigation and a companion report under the maternal aunt's name. The maltreated child was not added to the open report regarding the mother and allegations were indicated for children who were not present during the incident. There was no documented check of the case history, biological father's of the children on the report were not contacted, and the seven day safety assessment was completed late.

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

**Issue:**

Failure to provide notice of report

**Summary:**

SCDSS did not provide Notice of Existence letters to the biological fathers of children identified in the report.

**Legal Reference:**

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

**Action:**

SCDSS will make diligent efforts to locate contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of finding contact information. SCDSS will document their efforts in the case record.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**



The 7-Day Safety Assessment was completed 6 days late.

**Legal Reference:**

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

**Action:**

SCDSS will complete all safety assessments within the required time frame.

**Issue:**

Review of CPS History

**Summary:**

There was no documentation of a CPS history check for the family.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of a report, SCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, SCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

**Issue:**

Assessment of Services and Maintaining Records

**Summary:**

SCDSS did not add the victim child to the report. The report alleged that the BM assaulted one of the 11-year-old twin children when in fact, she assaulted another child. This child was not added to the report.

**Legal Reference:**

18 NYCRR 428.1(a)(2) and 428.3(a)

**Action:**

SCDSS will add all appropriate children and family members to the report. A separate report was made regarding the incident and the victim child. The victim child was not added to this case.

**Issue:**

Appropriateness of allegation determination

**Summary:**

SCDSS indicated allegations of C/T/S, XCP, and L/B/W in the report for children who were not present when the mother was intoxicated and were not victims of abuse/maltreatment. The victim of the abuse/maltreatment was not added to the report.

**Legal Reference:**

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

**Action:**

SCDSS 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).

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/21/2018	Sibling, Male, 7 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 7 Years	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Substantiated	



Sibling, Male, 7 Years	Aunt/Uncle, Female, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 7 Years	Aunt/Uncle, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated
Other Child - Cousin, Female, 10 Years	Aunt/Uncle, Female, 29 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 10 Years	Aunt/Uncle, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

SCDSS received an SCR report alleging that the maternal aunt had choked the 7-year-old sibling at a maternal aunt's home while intoxicated.

**Report Determination:** Indicated

**Date of Determination:** 07/06/2018

**Basis for Determination:**

SCDSS conducted an investigation into the report. It was learned that the aunt had not assaulted the 7-year-old sibling and that it was the mother who choked the child at the home while intoxicated. The maternal aunt who was accused of assaulting the 7-year-old sibling was not present, and had brought her children to the home in order to consume alcohol so that she could ensure the children had sober caretakers.

**OCFS Review Results:**

SCDSS interviewed all appropriate family members and made an appropriate case determination based on the information provided. Collateral information was not obtained for all children listed on the report. There was no documented case conference prior to closing the case, the seven day safety assessment was completed late, and there was not a review of the case history documented in the case record.

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

**Issue:**

Failure to provide notice of report

**Summary:**

SCDSS did not provide Notice of Existence letters to the biological fathers of children identified in the report.

**Legal Reference:**

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

**Action:**

SCDSS will make diligent efforts to locate contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of finding contact information. SCDSS will document their efforts in the case record.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-Day Safety Assessment was not completed on time. The assessment was completed 2 days late.

**Legal Reference:**

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

**Action:**

SCDSS will complete all Safety Assessments within the required time frame.

**Issue:**

Review of CPS History

**Summary:**

There was no documentation of a CPS history check for the family.

**Legal Reference:**



18 NYCRR 432.2(b)(3)(i)

**Action:**

Within one business day, SCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly

**Issue:**

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

**Summary:**

SCDSS did not document an interview with each subject of the report regarding the allegations in the report. Documented contact with the mother does not review the allegations in the report and only addressed concerns in a subsequent report that was received.

**Legal Reference:**

432.1 (o)

**Action:**

A full Child Protective investigation shall include face-to-face interviews with subjects of the report. SCDSS will interview all subjects of reports pertaining to the allegations in the report. The OCFS program manual states the subject must be provided an explanation of each allegation in the report and be given an opportunity to respond to the allegations.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

SCDSS did not obtain collateral information for all children pertaining to safety, risk, and determination of the allegations.

**Legal Reference:**

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

**Action:**

SCDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/20/2017	Sibling, Male, 10 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 10 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 10 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 6 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

SCDSS received an SCR report alleging that the mother was under the influence of alcohol and cocaine while caring for the children at the aunt's house. The children witnessed the mother drinking during the visit prior to leaving the children in the care of the aunt. The mother then left the home and was hospitalized after passing out at a local library due to her level of intoxication.

**Report Determination:** Indicated

**Date of Determination:** 04/18/2017

**Basis for Determination:**

SCDSS interviewed relevant family members and made an appropriate determination of the allegations. The mother was drinking alcohol while visiting the children at the maternal aunt's home. The mother left the home and had to be hospitalized due to her level of intoxication. The mother did not have custody of any of the children and continued to have weekend visits ordered through court.

**OCFS Review Results:**

SCDSS spoke with all relevant family members, SCDSS failed to complete the 7-Day Safety Assessment in a timely manner, collateral information was not obtained for all of the children, and there was no documented attempts to reach the biological fathers of the children.

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

**Issue:**

Failure to provide notice of report

**Summary:**

SCDSS did not provide Notice of Existence letters to the biological fathers of children identified in the report.

**Legal Reference:**

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

**Action:**

SCDSS will make diligent efforts to locate contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of finding contact information. SCDSS will document their efforts in the case record.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-Day Safety Assessment was not completed on time. The assessment was completed 2 days late.

**Legal Reference:**

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

**Action:**

SCDSS will complete all safety assessments within the required time frame.

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

The mother's CPS history dates back to 2001 with a total of 14 previous reports in which she was named as a subject. The mother had two children removed from her care and placed in foster care in 2001 and a third child that was born in 2002, who was placed in foster care following her birth. The mother consented to have her rights to these three children terminated in 2007 and the children were freed for adoption and subsequently adopted. The mother had a history of mental health concerns and substance abuse, primarily alcohol and cocaine. The mother also had a history of incarceration.

**Known CPS History Outside of NYS**

There was no known history outside of NYS.

**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: 05/02/2019**

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



# Child Fatality Report

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

### Provider

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

**Additional information, if necessary:**

Services were provided by a contracted agency.

**Required Action(s)****Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	SCDSS did not provide Notice of Existence letters to the biological fathers of the surviving siblings or make documented efforts to speak with them about the report.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<b>Action:</b>	SCDSS will make diligent efforts to locate contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of finding contact information. SCDSS will document their efforts in the case record.
<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The 7-Day Safety Assessment was not completed on time. The assessment was completed 4 days late.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	SCDSS will complete all safety assessments within the required time frame.

**Preventive Services History**

At the time of the fatality, the family was receiving preventative services to support the mother with dealing with the behavioral issues of the 9-year-old surviving sibling, and to support the mother with her mental health and substance abuse history. This services case began in May 2019. The mother has CPS history dating back to 2001 when her oldest children were placed into foster care. A third child was placed into foster care in 2002. The children were removed from the mother's care due to the concerns for her mental health. The mother then gave birth to a total of four more children between 2006 and 2016. A services case was opened in October 2006 to provide services to monitor the mother's sobriety and assist in obtaining stable housing. The mother was arrested in 2014, and maternal family members obtained custody of the children. The children remained in familial care until December 2018 when the mother regained custody of two of the three children through family court.

**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