



Report Identification Number: AL-16-008

Prepared by: Albany Regional Office

Issue Date: Aug 04, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardiopulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-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



Case Information

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

Jurisdiction: Albany
Gender: Female

Date of Death: 04/26/2016
Initial Date OCFS Notified: 05/02/2016

Presenting Information

On 4/26/16 the SC died while hospitalized. The SC had remained hospitalized since her birth. ACDCYF had opened a services case on 4/21/16 following the investigation of an SCR report received on 3/18/16. The report alleged the SM was unstable, not accepting of medical treatment for herself. The SC was born prematurely at 24 weeks of gestation and tested positive at birth for marijuana. The SC was diagnosed with (NEC) necrotizing enterocolitis which is common in premature babies. The child remained in the hospital until her death on 4/26/16.

Executive Summary

This report involves the death of a one-month-old female child on 4/26/16 in Albany County. ACDCYF had an open long-term services case opened at the time of the SC's death. The SC was born at 24-weeks of gestation. During her pregnancy, the SM signed herself out of the hospital against medical advice and engaged in the use of drugs. The mother also lacked parenting skills. Per medical staff the mother's behaviors contributed but did not cause the SC's premature birth. The SC was born with life-threatening illnesses including Necrotizing Enterocolitis (portions of the bowel undergo tissue death) which was the cause of death. No autopsy was completed. The SC never left the hospital. At the time of the SC's death, the mother was homeless, the SS resided with MA from a prior Article 6 Petition. The SC's father was incarcerated.

The family was known to Albany County Department of Children, Youth and Families (ACDCYF) and Schenectady County Department of Social Services CPS since the birth of the SS in 2014.

There were 6 prior CPS reports on the SM of which 4 were substantiated for allegations of burns & scalding, inadequate guardianship, lack of medical care and lack of supervision. The father of the SS was incarcerated at the time of the SC's death. He had substantiated for several times throughout the last few years and was substantiated for inadequate guardianship in 1 of the 6 investigations.

ADCYF had an open services case at the time of the SC's death. The services case was opened on 4/21/16 following the CPS investigation of an SCR report of 3/18/16 and subsequent report of 4/17/16. The 2 reports were consolidated and the report was substantiated on 4/21/16. The first report alleged the SM was unstable, and refusing medical treatment for herself and the SC. The subsequent report alleged the SM failed to adequately protect the SS from sun exposure resulting in 1st degree burns to the child. ACDCYF 's investigation found the SM had been hospitalized twice within the prior 2 weeks for her addiction to prescription medications and life threatening illness. On two separate occasions the SM left the hospital against medical advice (AMA) and was readmitted at the time of the SC's birth. The SC was born prematurely at 24 weeks of gestation. Medical Staff stated that the SC premature birth was not due to the SM's the lack of prenatal care, her refusal to comply with medical care or her signing herself out of the hospital AMA. Following her birth the SC remained hospitalized until her death. ACDCFY met with the SM, MGM, MA, observed the SS and the home of the PA during the investigation. The SM stated she used illegal drugs daily during her pregnancy. The SM stated she used drugs to alleviate pain in her back, neck and poor appetite. SM also reported being sick of the hospital medical staff and that was she signed herself out of the hospital AMA. The SM stated she planned on taking the SC home upon her discharge. The SM was visiting the SC for a few hours daily. The BF was interviewed while incarcerated and stated the SM used illegal substances on occasion. On 4/21/16, the allegation of IG from the 3/18/16 report was substantiated against the SM regarding the SC. From the report of 4/17/16 the allegations of B/S and IG were substantiated against the SM regarding the SS in that the SM failed to dress 1st degree burns sustained by the SS from the sun during a visit with SM. On 4/21/16 the services case was opened to monitor the SM and her ability to provide care of the SC. On 4/26/16, the SC passed away



in the hospital. The services case was closed on 5/10/16 since the SM refused services and there were no children in her care. The SS remained in the custody of the MA.

No autopsy was completed and the SC's death was found to be from NEC and other health related issues.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Was the decision to close the case appropriate? 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:

The CPS case was closed and opened for long term CPS monitoring on 4/21/17. The SS passed away on 4/26/17, just days after the open services was opened. The monitoring case was closed on 5/20/17 as the mother did not have any children in her care. The SS remained in the custody of the maternal aunt.

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: 04/26/2016

Time of Death:



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

00:00 AM

County where fatality incident occurred:

Albany

Was 911 or local emergency number called?

No

Did EMS to 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

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 0

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	32 Year(s)
Other Household 1	Sibling	No Role	Male	3 Year(s)
Other Household 2	Father	No Role	Male	32 Year(s)

LDSS Response

ACDCYF received a SCR report on 3/18/16 following the birth of the SC. On 4/21/17 ACDCYF opened a services case which was open at the time of the SC's death. ACDCYF opened a services case to assist the SM with care for the SC since her plan was to bring the SC home upon discharge from the hospital. In the two weeks prior to the SC's birth the SM signed herself out of the hospital AMA twice; the second time just days prior to the SC's birth. During her pregnancy, the SM used illegal drugs on a regular basis and refused necessary medical care for threatening illnesses. Medical staff informed ACDCYF the SM's behaviors contributed but did not cause the SC's premature birth. The SC was diagnosed with NEC which is common in premature infants as well as other medical conditions. After the SC was born, on 4/17/16, a subsequent report was received alleging that the mother had the older sibling for weekend visitation and failed to apply sunscreen to the child causing 1st degree burns.

From the CPS investigation ACDCYF learned the MA had been granted custody of the three-year-old SS as a result of an Article 6 petition due to the SM's inability to care for the child due to her mother's life threatening illness and constant hospitalizations. ACDCYF visited the home of the MA to assess the safety for the SS and discussed the future planning for the SC. The MA explained that she would not be able to take custody of the SC if discharged from the hospital. The SM visited the SC daily for a few hours during her hospitalization. ACDCYF attempted to assist the mother with services she needed in order to care for the SC. However, the SM failed to consistently following through. On 4/21/16, ACDCYF



determined the reports of 3/18/16 and 4/17/16 to be indicated against the SM for IG, B/S and IG. At the time of indication, a services case was opened.

On 4/26/16, the hospital personnel informed ACDCYF that the SC had passed away and that the SM was with her at the time. ACDCYF worker attempted to contact SM but was unable to make contact. All the required notifications were made. ACDCYF spoke with hospital medical staff as to the to the cause of death. An autopsy was not performed. Hospital staff stated the SC died as a result of NEC and other health related issues.

The SF was incarcerated at the time of the SC's death and ACDCF attempted to have him notified of the child's death. Contact was made with several collaterals such as the mother's substance abuse/metal health counselors, hospital personnel and family members.

Following the SC's death, ACDCYF contacted the MA and she still had custody of the SS. There were no safety concerns for the SS from service providers for the SM which were assisting the SM in providing grief counseling and funeral arrangements. After several attempts through messages and visits to family member's homes, the SM finally called ACDCYF back to discuss the case. The SM stated that she did not want any services from the county. On 5/20/17, ACDCYF closed the services case as the SM refused services there were no children in her care.

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

Comments: Case was already closed when the review took place.

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 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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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"/>

Legal Activity Related to the Fatality

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



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

Had medical complications / infections

Had heavy alcohol use



- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- Smoked tobacco
- Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/18/2016	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	Deceased Child, Female, 1 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Burns / Scalding	Indicated	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 1 Days	Mother, Female, 27 Years	Inadequate Guardianship	Indicated	

Report Summary:

It was reported the SM was unstable, not accepting medical treatment for herself and SC. The SC was born prematurely and the SM tested positive for marijuana. On 4/17/16, a subsequent report was received alleging that the SM had the SS for weekend visitation and failed to apply sunscreen to the SS resulting in 1st degree burns.

Determination: Indicated

Date of Determination: 04/21/2017

Basis for Determination:

The allegations were substantiated since the SM's behaviors of signing herself out of the hospital AMA, use of illegal drugs and failure to comply with medical treatment contributed to but did not cause the SC's premature birth. At birth the SC was diagnosed with NEC and other medical issues. In regards to the SS the SM failed to properly dress and protect the SS from the sun resulting in 1st degree burns and dehydration to SS. the incident occurred when SM had visitation with SS. The SS remained in the care and custody of the MA. The CPS case was closed on 4/21/17 and opened for services.

OCFS Review Results:

OCFS agreed with the determination as the SM used illegal drugs during her pregnancy, tested positive for marijuana during delivery, failed to comply with medical treatment prior to the SC's birth which contributed to her premature birth. The SC has complications from her premature birth and subsequently passed away. The allegations against SM regarding SS were substantiated in that the SM's failure to appropriate cloth and protect the SS's skin when in the sun resulted in dehydration and 1st degree burns to the SS skin.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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09/15/2015	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 1 Years	Father, Male, 32 Years	Inadequate Guardianship	Indicated	

Report Summary:

The SCR report alleged the SF had been diagnosed with a mental illness and was not taking his prescribed medication. It noted that as a result the SF was violent and destroyed items in the apartment where the SS was present. Allegedly, the SM was under the influence and unable to care for the SS. The allegation against the SF was IG. On October 1st, 18th, & 23rd, 2015 subsequent reports were received and merged. The allegations added were IG and PD/AM against the SM. The SM had moved to Albany County. She was homeless and residing with friends and family.

Determination: Indicated

Date of Determination: 04/04/2016

Basis for Determination:

The report was indicated against the SM due to her failure to obtain; adequate medical care, provide adequate food, shelter and clothing, and continued to use illegal drugs while caring for the SS. The SS was not properly dressed for the weather and the local Police department intervened. The aunt obtained custody through family court and legal custody was granted. The SM and SF were both arrested for separate charges. The SF went to prison and the SM charges were pending. The allegations of IG, PD/AM IFCS were substantiated against the SM the allegation of IG was substantiated against the SF

OCFS Review Results:

OCFS agrees with the determination as the SS was placed at risk of harm. The MA took the SS and obtained legal custody of the SS after filing an Article 6 petition.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/05/2015	Sibling, Male, 1 Years	Mother, Female, 26 Years	Burns / Scalding	Indicated	No
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Lack of Medical Care	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Lack of Supervision	Indicated	

Report Summary:

The SCR report alleged that the SM kept the 21 months old SS in the sun without a shirt on and without sunscreen. As a result the child sustained 2nd degree burn marks on his back. The allegations listed against the SM were Burns/ Scalding, and IG. SCDS was assigned the investigation.

Determination: Indicated

Date of Determination: 10/07/2015

Basis for Determination:

The SS had a previous reaction to sunscreen and the SM didn't seek out an alternative sunscreen. SM allowed the SS to be in the sun for hours with his shirt off. The SM stated that the SS had a bad reaction to sunscreen and that was the reason SM didn't use it. The SS sustained a second degree burn and was seen at the hospital. The SM stated she would follow up with the SS's pediatrician and failed to do so. The SS also had not been seen by his pulmonary specialist for persistent asthma for several months. The report was indicated and the allegations of B/S, IG, LS, and LMC.

OCFS Review Results:

OCFS agrees with the determination as there was some credible evidence that the SM failed to protect the SS from the



sun and failed to follow up on recommended medical treatment.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/28/2014	Sibling, Male, 5 Months	Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 5 Months	Mother, Female, 24 Years	Lack of Supervision	Unfounded	

Report Summary:

SCDSS was assigned this SCR report which alleged LS and IG against the SM regarding the SS. It was alleged that the mother screamed at the SS and would continue to do so for hours. It was also reported the SM would leave the SS alone inside while she hung out in a vehicle for hours out in front of the home. The SM had been observed leaving the home with a large knife and it was unknown if the SS was with her.

Determination: Unfounded

Date of Determination: 06/26/2014

Basis for Determination:

SCDSS conducted several home visits and spoke with collaterals pertaining to the SM's ability to care for her child. SCDSS observed the mother appropriately caring for the child. The SM had been hospitalized for a life threatening illness and had made appropriate plans for her child. The case was opened for voluntary preventive services.

OCFS Review Results:

OCFS agrees with the determination as there was no evidence that the incident occurred.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/08/2014	Sibling, Male, 4 Months	Mother, Female, 23 Years	Lack of Supervision	Unfounded	No
	Sibling, Male, 4 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	

Report Summary:

SCDSS received this SCR report which alleged the SM was leaving the SS, then 8 months old, alone in the home while the SM walked the dog. The report added that the mother had no financial means to care for the 8 month old and allowed the family dog (pit bull) to sleep with the child without proper supervision.

Determination: Unfounded

Date of Determination: 06/26/2014

Basis for Determination:

SCDSS made several unannounced home visits and did not find any supervision issues. SCDSS found the SM had proper sleeping arrangements. The SM stated the dog had bit her but during an incident where she was attempting to separate her dog from another dog. The caseworker did not observe any aggressive behaviors exhibited by the dog during home visits. The mother did not have any concerns that the dog would be aggressive towards the SS. The mother received financial benefits and was able to care for the child.

OCFS Review Results:

OCFS agrees with the determination as there was no evidence that this occurred.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/30/2014	Sibling, Male, 3 Months	Mother, Female, 23 Years	Lack of Medical Care	Unfounded	No

**Report Summary:**

The SCR report was received and investigated by Schenectady County Department of Social Services. The report alleged the mother failed to administer the SS, then 5 months old, medication resulting in breathing difficulty. The allegations against the mother were lack of medical care and lack of food, clothing and shelter.

Determination: Unfounded**Date of Determination:** 04/23/2014**Basis for Determination:**

At the time of the report, the mother had complied with all recommended medical treatments and appointments for the SS pulmonary issues. There were some missed appointments due to her own illness. The mother agreed to preventive services and the protective case was closed.

OCFS Review Results:

OCFS agrees with the determination as the mother complied with all the medical appointments and there was no substantial risk to the SS.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

There was no CPS history longer than 3 years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of NYS

Services Open at the Time of the Fatality**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:** 04/21/2016**Evaluative Review of Services that were Open at the Time of the Fatality**

	Yes	No	N/A	Unable to Determine
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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Required Action(s)

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

Yes No

Preventive Services History

SCDSS had an open a preventive services case from 5/5/14 to 10/10/14 as a result of a CPS investigation from April 28, 2014. The mother had a life threatening issue and was hospitalized. Her child was left with friends who had an extensive CPS history with their own children who were adults at the time. SCDSS did not talk with the SM to seek other plans for the SS. Once the SM was discharged from the hospital, SCDSS ensured that the SM had adequate food, clothing and shelter. On 8/8/14 the SM determined she did not want services and the case was formally closed on 10/10/14. There were no contacts made for 2 months and no FASP was completed. The case was closed because the SM declined services and had moved.

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
10/19/2015	There was not a fact finding	CustodyGuardianship assigned to relative or non-relative (Article 6 non-foster care)
Respondent:	None	
Comments:	The aunt was granted custody of the surviving sibling prior to the death of the SC.	

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