

Report Identification Number: AL-14-047

Prepared by: Albany Regional Office

Issue Date: 4/15/2015

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

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

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

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

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

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

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

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

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Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information

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Report Type: Child Deceased
Age: 27 day(s)

Jurisdiction: Albany
Gender: Female

Date of Death: 09/23/2014
Initial Date OCFS Notified: 09/25/2014

Presenting Information

The child died due to complications of being pre-mature.

Executive Summary

On 8/27/14, the mother of the subject child gave birth to twins at 27 weeks gestation. A report was made to the SCR on 8/29/14 as the mother tested positive for marijuana at the time of the birth. The subject child was not expected to survive and passed away on 9/23/14. At the time of the report, the mother resided with the maternal grandmother and her siblings during the investigation and ACDCYF found no safety factors related to the subject child or her twin. The surviving sibling remained in the hospital until 12/1/14. ACDCYF made all necessary collateral contacts including the visiting nursing program that monitored the progress of the surviving sibling. Both the hospital and ACDCYF reviewed safe sleep with the mother of the subject child. The maternal grandmother had petitioned for joint custody of the surviving sibling with the mother and was following through with all recommendations for medical care. The mother was observed to be attentive and caring toward the infant. On 1/13/15, ACDCYF unfounded and closed the case as the family refused all services ACDCYF offered. It should be noted that there remained concerns regarding the truancy of the 16-year-old maternal uncle which continued to involve ACDCYF.

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.

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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: 09/23/2014

Time of Death:

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? N/A

Child's activity at time of incident:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: child was in the hospital | | |

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: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	27 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	45 Year(s)
Deceased Child's Household	Mother	No Role	Female	17 Year(s)
Deceased Child's Household	Other Child	No Role	Male	15 Year(s)
Deceased Child's Household	Other Child	No Role	Male	14 Year(s)
Deceased Child's Household	Other Child	No Role	Male	11 Year(s)
Deceased Child's Household	Other Child	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	27 Day(s)
Other Household 1	Father	No Role	Male	19 Year(s)
Other Household 1	Grandparent	No Role	Female	50 Year(s)

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LDSS Response

The subject child was in the hospital at the time of the death. There was an open CPS case regarding the mother's marijuana use. The subject child was not expected to survive. All children were interviewed and observed. ACDCYF made several visits to the home and observed the surviving sibling upon his release from the hospital. The sibling was monitoring closely by visiting nurses and gained weight appropriately. Both the hospital and ACDCYF caseworkers reviewed safe sleep with the mother and maternal grandmother. The maternal grandmother was pursuing joint custody of the child with the mother. The mother was observed to be attentive to the child. There were no safety concerns identified in the home. On 1/13/15 the report was unfounded and closed as there was no credible evidence to support that the mother's one use of marijuana placed the children at risk of harm. The family refused all services offered.

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: The subject child was pre-mature at 27 weeks and never left the hospital.

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

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	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 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 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 and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

The family refused services offered at the time of the report.

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? No
Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- | | |
|--|---|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input checked="" type="checkbox"/> Used illicit drugs |
|--|---|
- Infant was born:**
- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed
<input type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)	Status/Outcome	Compliance Issue(s)
02/17/2012	1872 - Mother, Female, 17 Years	1871 - Grandparent, Female, 38 Years	Educational Neglect	Unfounded	No
	1872 - Mother, Female, 17 Years	1871 - Grandparent, Female, 38 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 2/17/12 a report was made to the SCR alleging Educational Neglect and Inadequate Guardianship against the maternal grandmother concerning the mother of the subject child. The mother was then 14-years-old. On 4/17/12 the report was unfounded and closed. The mother of the subject child was placed on probation for one year as she was truant from school. On 6/29/12 the mother was placed in the care and custody of ACDCYF. ACDCYF subsequently placed the mother in a voluntary agency.

Determination: Unfounded **Date of Determination:** 04/05/2012

Basis for Determination:

According to the determination summary the maternal grandmother was cooperating with the school and acted appropriately.

OCFS Review Results:

At the time of the report the family was involved with ACDCYF due to the mother's older brother being on probation for

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being truant as well. There was an established pattern of the youth in this household being truant and not attending school or participating in services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/11/2013	1877 - Mother, Female, 17 Years	1878 - Institutional Staff, Female, 25 Years	Choking / Twisting / Shaking	Unfounded	No
	1877 - Mother, Female, 17 Years	1878 - Institutional Staff, Female, 25 Years	Inadequate Guardianship	Unfounded	
	1877 - Mother, Female, 17 Years	1878 - Institutional Staff, Female, 25 Years	Lack of Supervision	Unfounded	

Report Summary:

On 2/11/13 a report was made to the SCR alleging Inappropriate Custodial Conduct, Lack of Supervision and Choking concerning the mother while she was in residential placement. The report alleged that the mother and her boyfriend engaged in a physical altercation and that staff at the agency failed to intervene and supervise appropriately.

Determination: Unfounded **Date of Determination:** 04/29/2013

Basis for Determination:

On 4/29/13 the report was determined to be unfounded and closed. It was determined that the staff intervened appropriately when the mother and her boyfriend engaged in the physical altercation.

OCFS Review Results:

There are no identified concerns regarding this 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)	Status/Outcome	Compliance Issue(s)
02/14/2013	1879 - Mother, Female, 17 Years	1880 - Institutional Staff, Female, 25 Years	Inadequate Guardianship	Unfounded	No
	1879 - Mother, Female, 17 Years	1880 - Institutional Staff, Female, 25 Years	Lack of Supervision	Unfounded	
	1879 - Mother, Female, 17 Years	1881 - Institutional Staff, Male, 25 Years	Inadequate Guardianship	Unfounded	
	1879 - Mother, Female, 17 Years	1881 - Institutional Staff, Male, 25 Years	Lack of Supervision	Unfounded	

Report Summary:

The report alleged Lack of Supervision and Inappropriate Custodial Conduct concerning the mother while she was in residential care. The report alleged that the mother while unsupervised she allowed other residents in to her cottage that did not reside or belong there. These residents in turn attacked and assaulted a staff member.

Determination: Unfounded **Date of Determination:** 05/20/2013

Basis for Determination:

It was determined that all staff involved in the incident were providing appropriate levels of supervision during the altercation.

OCFS Review Results:

There are no findings.

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

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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/29/2014	1891 - Deceased Child, Male, 27 Days	1892 - Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	1893 - Sibling, Female, 27 Days	1892 - Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The report alleged Parent's Drug/Alcohol Misuse as the mother of the subject child gave birth to twins at 27 weeks gestation. At the time of the delivery the mother tested positive for marijuana. The mother admitted to using marijuana on one occasion.

Determination: Unfounded

Date of Determination: 01/06/2015

Basis for Determination:

The mother admitted to smoking marijuana on one occasion during her pregnancy. The maternal grandmother was unaware of the mother's use. The subject child and his twin did not test positive for the drug.

OCFS Review Results:

ACDCYF made several visits to the home and contacted all appropriate collaterals. The report was unfounded and closed.

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

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

From 7/20/02 through 06/11 there were five reports made to the SCR concerning this family. The first report was indicated against the maternal grandmother's uncle. The rest of the reports alleged Educational Neglect and Inadequate Guardianship against the maternal grandmother concerning the maternal uncle. At the time of these reports the mother of the subject child was a young child. The maternal uncle was placed on probation and eventually placed in a voluntary agency as a result of a PINS petition.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services 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.

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Required Action(s)

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

Yes No

Foster Care Placement History

On 6/29/12 the mother of the subject child was placed in the care and custody of ACDCYF. At the time the mother was 15-years-old. The mother was subsequently placed in a voluntary agency. The mother was successfully discharged from the voluntary agency on 6/21/13 and ACDCYF closed her case on 7/2/13. On 11/4/13 the maternal Uncle age 16 was placed in the care of ACDCYF for one year. ACDCYF subsequently placed the youth in a voluntary agency. This placement was unsuccessful and the youth went AWOL from the agency and subsequently was discharged home. At the time this case was open the mother of the subject child was again placed on probation and was receiving services. The mother was discharged on 7/14/14 from these services as she had engaged in a physical altercation and was pregnant. The mother was discharged as there were concerns that she was being targeted by other youth in the program.

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 - 7 PINS

Date Filed:	Fact Finding Description:	Disposition Description:
05/09/2012	Adjudicated PINS	Care/Custody to Local Social Services District
Respondent:	None	
Comments:	The mother of the subject child consented to being placed in ACDCYF care and custody for a period of one year from 6/29/12-6/29/13.	

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

Explain: ACDCYF has an extensive history working with this family. There have been many cases involving the teenagers in the family being truant with multiple arrests including the mother of the subject child. It is recommended that ACDCYF utilize all interventions available in order to assist the maternal grandmother and youth still residing in the household to obtain a more positive outcome and prevent future placements. The mother of the subject child became pregnant before she was of legal age of consent and had runaway from home on several occasions. This pattern continues with the children still residing in the household.