



**Report Identification Number: AL-16-002**

**Prepared by: Albany Regional Office**

**Issue Date: 8/9/2016**

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

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

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

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

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

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

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

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



## Abbreviations

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

## Case Information



**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Greene  
**Gender:** Female

**Date of Death:** 01/25/2016  
**Initial Date OCFS Notified:** 01/25/2016

## Presenting Information

On 1/25/16 a report was made the SCR which stated that around 7:45 a.m. on 1/25/16 emergency responders responded to the home and found the 2 year old subject child was not breathing. Upon EMS arrival, the grandmother was performing CPR on the subject child. The subject child was transported to Albany Medical Center and was pronounced dead. The subject child had a preexisting medical condition but it was unknown if it caused her death. The grandmother, mother, father and adult cousin all lived in the home and were named as subjects in the report. The conditions of the home were reported as deplorable with visible cat feces throughout the home and a strong foul odor. The home was allegedly dirty with garbage and clutter inside and out of the home. The upstairs of the home was reported to be very hot and the downstairs of the home was reported to be extremely cold.

## Executive Summary

This report involves the death of a 2 year old female child in Greene County. On 1/25/16, GCDSS received an SCR report alleging DOA/Fatality, IFCS, and IG against the mother, father, grandmother and adult cousin regarding the deceased child. There was also allegations of IFCS, and IG against the mother, father, grandmother and adult cousin regarding the two surviving half siblings.

During the course of the investigation, GCDSS interviewed the mother, father, grandmother, adult cousin, and surviving children in the home. GCDSS also spoke with all the necessary and appropriate collateral contacts. The investigation discovered that the deceased child was born medically fragile and was under the care of numerous physicians. The cause of death was determined to be respiratory failure due to multiple cerebral anomalies and multiple endocrine gland deficiencies and hypotons that the child had since birth. The investigation showed that the parents were compliant with the child's appointments and medical care.

GCDSS visited the home the date of the child's death and upon initial inspection of the home, it was noted that the home was cluttered. There was concern about the heating system in the home and some of the smoke detectors did not have batteries in them. There was food, medicine bags and bottles, papers and bottles on the counters and table in the kitchen as well as bags, clothes, magazines and books piled up in the downstairs rooms. There were pathways leading to the kitchen and up the stairs. There was an odor of cat feces and workers noted overflowing kitty litter boxes in various spots in the home. GCDSS addressed the safety concerns with the family. When GCDSS went to the home the following day and throughout the life of the case the home had been cleaned and organized and met the minimal degree of care. The father made improvements to the heating system and the whole area appeared cleaner and neater. The family put new smoke detectors in each of the bedrooms.

The case was unfounded on 4/1/16 for allegations of DOA/Fatality, IFCS, and IG against the mother, father, grandmother and adult cousin. GCDSS spoke to medical professionals who had no concerns regarding the care and follow through that parents provided for the deceased child. The medical professionals and community service providers noted that the parents took extremely good care of the deceased child and followed through with all services and appointments on a regular basis. Although there was initial concern regarding household conditions, GCDSS determined through follow up visits and contact with collaterals that the morning that the child died the



household was chaotic and in crisis. Upon frequent follow up the home was found to be in acceptable conditions that met the minimal degree of care.

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

Explain:

GCDSS gathered sufficient information from casework contacts and collateral contacts to support their case determination. The deceased child was born medically fragile and the family attended to her needs appropriately. Several collateral contacts supported the determination to unfound the allegations. The household conditions were initially a concern but the family was remedied all concerns.

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:

GCDSS made several home visits and gathered sufficient information from casework contacts and several collateral contacts to support their case decision and decision to close the case. GCDSS offered the family preventive services but the family refused the service. There was no reason found to require an open services case. The decision to close the case was appropriate.

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



# NYS Office of Children and Family Services - Child Fatality Report

Date of Death: 01/25/2016

Time of Death: 08:40 AM

Time of fatal incident, if different than time of death: 07:45 AM

County where fatality incident occurred: GREENE

Was 911 or local emergency number called? Yes

Time of Call: 07:45 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	68 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Other Adult	Alleged Perpetrator	Female	68 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)

### LDSS Response

GCDSS made a home visit immediately upon receipt of the report. Upon initial inspection of the home, it was noted that the home was cluttered. There was concern about the heating system in the home and some of the smoke detectors did not have batteries in them. There was food, medicine bags and bottles, papers and bottles on the counters and table in the kitchen as well as bags, clothes, magazines and books piled up in the downstairs rooms. There were pathways leading to the kitchen and up the stairs. There was an odor of cat feces and workers noted overflowing kitty litter boxes in various spots in the home. GCDSS addressed the safety concerns with the family. When GCDSS went to the home the following day and throughout the life of the case the home had been cleaned and organized and met the minimal degree of care. Code enforcement made a home visit and shared their findings with the family and GCDSS. Code enforcement stated that



there was nothing urgent about repairs. He was not concerned about the heating system and had tested it. The father made improvements to the heating system and the whole area appeared cleaner and neater. The family put new smoke detectors in each of the bedroom. At a follow up home visit conducted on February 19, 2016, again the home was found to be free of dirt, feces and debris on the floors. The children were clean and neat.

GCDSS interviewed all household members and no safety factors were found. Fathers of the two surviving siblings were contacted and they did not report any concerns regarding the care that their children received at the deceased child's home. Enough information was gathered to adequately complete the RAP. The surviving sibling (male age 5) was attending head start and receiving early intervention services. The surviving sibling (female age 6) was attending a local elementary school and receiving grief counseling in school.

GCDSS spoke to medical professionals who reported that they had no concerns regarding the care and follow through that parents provided for the deceased child. The medical professionals and community service providers noted that the parents took extremely good care of the deceased child and followed through with all services and appointments on a regular basis. Medical records were reviewed that revealed that the deceased child was born medically fragile and was not expected to live as long as she did. GCDSS spoke to law enforcement and EMS who were on the scene of the death and they did not suspect any foul play. The records from the hospital where the child was pronounced dead determined that the child's manner of death was of a natural cause due to her medical diagnosis. The criminal case was closed based on these findings.

### 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:** Coroner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** GCDSS did coordinate with local law enforcement but there was no documented MDT meeting related to the fatality.

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
025248 - Sibling, Female, 6 Year(s)	025251 - Other Adult - Adult Cousin, Female, 68 Year(s)	Inadequate Guardianship	Unsubstantiated
025248 - Sibling, Female, 6 Year(s)	025251 - Other Adult - Adult Cousin, Female, 68 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
025248 - Sibling, Female, 6 Year(s)	027022 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated



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025248 - Sibling, Female, 6 Year(s)	027022 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
025248 - Sibling, Female, 6 Year(s)	025245 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
025248 - Sibling, Female, 6 Year(s)	025245 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
025248 - Sibling, Female, 6 Year(s)	025250 - Grandparent, Female, 68 Year(s)	Inadequate Guardianship	Unsubstantiated
025248 - Sibling, Female, 6 Year(s)	025250 - Grandparent, Female, 68 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
025249 - Sibling, Male, 5 Year(s)	025250 - Grandparent, Female, 68 Year(s)	Inadequate Guardianship	Unsubstantiated
025249 - Sibling, Male, 5 Year(s)	025250 - Grandparent, Female, 68 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
025249 - Sibling, Male, 5 Year(s)	025251 - Other Adult - Adult Cousin, Female, 68 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
025249 - Sibling, Male, 5 Year(s)	025245 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
025249 - Sibling, Male, 5 Year(s)	025251 - Other Adult - Adult Cousin, Female, 68 Year(s)	Inadequate Guardianship	Unsubstantiated
025249 - Sibling, Male, 5 Year(s)	025245 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
025249 - Sibling, Male, 5 Year(s)	027022 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
025249 - Sibling, Male, 5 Year(s)	027022 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	025245 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	025251 - Other Adult - Adult Cousin, Female, 68 Year(s)	Inadequate Guardianship	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	027022 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	025251 - Other Adult - Adult Cousin, Female, 68 Year(s)	DOA / Fatality	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	025245 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	025250 - Grandparent, Female, 68 Year(s)	DOA / Fatality	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	025250 - Grandparent, Female, 68 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	027022 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	025251 - Other Adult - Adult Cousin, Female, 68 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



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027021 - Deceased Child, Female, 2 Year(s)	025245 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	025250 - Grandparent, Female, 68 Year(s)	Inadequate Guardianship	Unsubstantiated
027021 - Deceased Child, Female, 2 Year(s)	027022 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated

### 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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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<b>siblings/ other children in the household within 24 hours?</b>				
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<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



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

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? Yes

Explain:

Grief services were offered to the family. The school aged sibling was receiving grief counseling in school.

## History Prior to the Fatality

### Child Information

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

Yes

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

No

Was the child ever placed outside of the home prior to the death?

No



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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? No

## 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)
09/07/2015	8903 - Sibling, Female, 6 Years	8902 - Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	No
	8903 - Sibling, Female, 6 Years	8902 - Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	

### Report Summary:

On 9/7/15, Greene County DSS received a SCR report alleging Inadequate Food, Clothing and Shelter and Inadequate Guardianship against the mother regarding the deceased child's surviving half sibling(female age 6). The report alleged that the child has had fleas all over her body and the mother has not addressed the situation. According to the report, the child was in discomfort from the flea bites on her body.

**Determination:** Unfounded

**Date of Determination:** 10/22/2015

### Basis for Determination:

Greene County CPS unfounded the allegations of IFCS and IG against the mother. Greene County didn't find any bites on the children or the parents. The family had gotten rid of a dog that had fleas. There was a cat and a kitten in the home but they did not appear to have fleas. The parents also had hydrocortizone medicine on hand to treat the bites if need be. GCDSS determined that the parents appeared appropriate with children.

### OCFS Review Results:

There was an open preventive services case in Greene County that the parents continued to cooperate with. The preventive worker was consulted throughout the investigation. The preventive worker stated that she had been having frequent contact with the family and did not see any fleas in the home or bites on the family members.

**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)
08/11/2014	8941 - Sibling, Male, 3 Years	8937 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	No
	8941 - Sibling, Male, 3 Years	8937 - Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unfounded	

### Report Summary:

On 8/11/14, Greene County DSS received an SCR report that alleged IFCS and INGD against the mother regarding the deceased child's half sibling (male age 3). The report alleged that they were living in a condemned home where there were many cats and as a result the home was infested with fleas. According to the report, the child was covered in flea bites all over his body and was scratching the bites until they bled.

**Determination:** Unfounded

**Date of Determination:** 10/16/2014

### Basis for Determination:



# NYS Office of Children and Family Services - Child Fatality Report

Greene County CPS unfounded the allegations of IFCS and IG against the mother. Greene County found that the home did have a flea problem from the family dog but that the family was already treating the flea issue before DSS became involved. The home could not be flea bombed due respiratory difficulties of the adults in the home who are on oxygen. The family had already gotten a recommendation from a Dr. on how to treat the flea problem without bombing the home before DSS intervention. The deceased child did not have any bites on her. The two older children had bites but only on areas that were exposed. The family was treating the bites with Neosporin, After Bite, and anti-bacterial soap.

**OCFS Review Results:**

Greene County CPS referred the family to Preventive services to assist with their ongoing issues maintaining a clean environment for the children, one of which was medically fragile (deceased child). A family services case was opened with the family.

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)
05/06/2013	8933 - Sibling, Female, 3 Years	8936 - Other - Parent Sub;deceased childs father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	8933 - Sibling, Female, 3 Years	8935 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Indicated	
	8934 - Sibling, Male, 2 Years	8935 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Indicated	
	8934 - Sibling, Male, 2 Years	8936 - Other - Parent Sub;deceased childs father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Indicated	

**Report Summary:**

On 5/6/13, Greene County DSS received a SCR report alleging Inadequate Food, Clothing and Shelter against the mother and her paramour (deceased child's father) regarding the deceased child's surviving half siblings (female age 3 and male age 2). The report alleged that the family had hoarded soo many belongings that they couldn't not move throughout the home and were confined to one room. The report alleged that the home was in deplorable conditions with rotten food scattered, a dog in a cage that is not cleaned when he defecates and urinates in it and that the families 3 cats relieve themselves on the floor. The report alleged that the children share a dirty mattress.

**Determination:** Indicated

**Date of Determination:** 07/02/2013

**Basis for Determination:**

Greene County DSS indicated the case against the mother and her paramour for IFCS based upon initial assessment found that the children had no place to sleep and that the home was in deplorable conditions. The mother and children left the home until a room could be cleaned out for them to return to. On another visit mother's bedroom was filled with garbage including food wrappers.

**OCFS Review Results:**

Greene County DSS indicated the case and recommended Preventive Services and Healthy Homes services to the family based on the family struggling to maintain a safe and sanitary home for the children. The family was receptive to the services case being opened.

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

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

There was no history prior to three years before the fatality.



**Known CPS History Outside of NYS**

There is no known CPS 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**

The mother and father of the deceased child had an open preventive case from 7/8/13 through 8/6/14 involving the deceased child's half siblings as a result of an indicated CPS report for poor household conditions. The deceased child was born on 9/23/13 and was diagnosed with significant medical issues. Preventive services helped make referrals to get services in place to assist with cleaning and organizing (Healthy Homes), Early Intervention services (therapies) for the deceased child and suggested public assistance for the entire family to assist in finding alternative housing. The family made improvements on maintaining a safe and healthy home for the children and attended all medical appointments for the deceased child so the case was closed. A preventive services case was reopened 9/3/14 through 11/24/15 as a result of a CPS report regarding the home being cluttered and infested with fleas. Preventive services assisted the family in obtaining Head Start services for the deceased child's male half sibling, assisted the family in applying for SSI for the deceased child, public assistance, finding another residence, and continued to work on helping the family maintain a safe and clean home. The deceased child's early intervention services were still in place. The case was closed based on the family making progress in maintaining a home that met the minimal degree of care.

**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?** 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