



**Report Identification Number: AL-16-024**

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

**Issue Date: Aug 18, 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
<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-Cardiopulmonary 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-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old



## Case Information

**Report Type:** Child Deceased  
**Age:** 18 day(s)

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

**Date of Death:** 10/11/2016  
**Initial Date OCFS Notified:** 10/25/2016

## Presenting Information

The mother gave birth to twin girls prematurely at 28 weeks of gestation. Both infants were born with a positive toxicology for marijuana. The SC remained hospitalized in Albany Medical Center until her death at 18 days of age. The surviving sibling remained hospitalized. Besides the surviving twin, there was another one-year-old female child residing with her parents. At the time of the child's death there was an open CPS investigation in Schenectady County.

## Executive Summary

This report involves the death of one of a set of premature twins while there was an open CPS investigation in Schenectady County. The twins were born at 27 weeks of gestation with a positive toxicology for marijuana. The deceased child remained hospitalized and passed away 18 days following her birth from Necrotizing Enterocolitis (NEC) which is a bowel infection. Hospital staff reported NEC is in common premature births. The surviving twin also had NEC and required surgery in which three-quarters of her bowel was removed. This child remained hospitalized in critical condition for several months and was moved to St. Margaret's Hospital for Children in March 2017. The parents were involved in the child's move and had agreed to be trained to learn how to care for the child so the child can reside in their home.

The parents have struggled with potential homelessness and mental health issues. The father's relatives have been a resource for the parents and the surviving sibling. The parents and 18 month-old surviving sibling resided with the father's relatives off and on prior to the birth of their twins. Following the birth of the twin girls the parents and surviving sibling resided with the father's relatives to be closer to the hospital. In December 2016 SCDSS transferred the case to ACDCY since the family remained with relatives.

ACDYF provided the family provided with preventive services. The parents did not always keep appointments or follow the recommendations of services providers. The parents were able to save the money to obtain an apartment and moved to Schenectady on April 2017. The parents with were provided with resources for medical care, counseling, child care and resources for other potential needs. The parents have continually been able to provide adequate care for the surviving sibling which resides with them. The parents were involved with The SPR where the case closing was discussed and were in agreement with that decision. In May 2017 the preventive service case was closed.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Safety assessment due at the time of determination?**

Yes

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the**

Yes, sufficient information was gathered to determine all allegations.



investigation?

- Was the determination made by the district to unfound or indicate appropriate? Unable to Determine

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 family was involved in the decision to close the case. The parents were aware of what steps were needed for them to have ability to care for the surviving twin. The parents were provided resources for needs that might arise.

### 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: 10/11/2016

Time of Death: 12:36 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:

- |                                   |                                  |   |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing  | <input type="checkbox"/> Eating  | <input checked="" type="checkbox"/> Unknown         |
| <input type="checkbox"/> 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: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
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Deceased Child's Household	Deceased Child	No Role		18 Day(s)
Deceased Child's Household	Sibling	No Role	Female	18 Day(s)
Other Household 1	Father	No Role	Male	19 Year(s)
Other Household 1	Mother	No Role	Female	17 Year(s)

### LDSS Response

Upon being notified of the SC death SCDSS assessed the safety of the SS and the other hospitalized child. SCDSS learned from hospital staff that the SC death was the result of Necrotizing Enterocolitis (NEC) which is a bowel intestine infection that is common in premature babies and was not the result of the positive toxicology at birth. At the same time, SCDSS learned that the other twin also had NEC which had resulted in holes in her bowel cutting off the oxygen supply to her bowel. She required emergency surgery whereby three-quarters of her bowel was removed. The child was in critical condition. SCDSS met with hospital staff, observed the twin and discussed her medical condition with staff. SCDSS met with the parents and observed the SS sibling and saw other family members who were with the parents. SCDSS offered grief counseling and burial support services to the parents. The parents stated they continued to stay with the father's relatives to be close to the hospital. SCDSS continued to monitor the hospitalized twin health and she remained in critical condition. It was learned that when the child was ready for discharge she would require transitional care such as St. Margaret's Hospital or Pathways. SCDSS continue to obtain updates on the hospitalized twin's progress and contact with the, parents, family members and SS. The parents were experiencing a difficult time dealing with the loss to their daughter and the current status of the hospitalized twin. The parents and SS continued to reside with the father's relatives in in Albany. It was noted the parents had limited coping skills and were referred for mental health counseling. There was ongoing monitoring of their care of the SS. In December 2016 SCDSS closed their case and it was transferred to ACDCYF for services due to the family still remaining there. Since that time the parents continue to struggle with stable housing and struggle with mental health issues. In April 2017 the hospitalized twin was transferred to St. Margaret's Hospital for Babies. Arrangements have been made with the hospital for the parents to be trained on the care of the child. The parents were referred to service providers but often cancelled or did not show for appointments. The parents had difficulty with time and appointment management and were often non-compliant with service provider recommendations. While residing with relatives the parents were able to save some money and obtained and moved in to a two bedroom apartment in Schenectady. The mother has obtained a part-time job and the father is hoping to do the same. The parents were involved in the movement of the surviving twin and are aware of the medical needs of the child and what they must learned in order to care for the child. The parent have agreed to be trained in what needs to be done for the child to come home. The parents have been provided with resources for medical care, counseling, child care and assistance with food, clothing etc. The parents have continued to provide adequate care for the SS. The parents were involved in the SPR preventive services closing. ACDCYF preventive service case was closed in May 2017.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### Multidisciplinary Investigation/Review

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

### CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 There was not a SCR report regarding the death of the child therefore a 24 safety assessment was not required to be completed in Connections.

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



household?				
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.

Have any Orders of Protection been issued? No

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input 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 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"/>



<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 hospitalized twin which survived was receiving the necessary medical care. The parents were residing with relatives which were providing on going support for the parents and for the care of the surviving sibling. the parents were offered counseling and burial support services.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes**

**Explain:**  
The parents were offered grief counseling and burial support services.

## 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
- 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:**

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

**Infant was born:**

- Drug exposed
- With 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)
09/04/2016	Sibling, Female, 1 Years	Mother, Female, 17 Years	Swelling / Dislocations / Sprains	Indicated	Yes
	Deceased Child, Female, 18 Days	Mother, Female, 17 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 18 Days	Mother, Female, 17 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 18 Days	Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 1 Years	Mother, Female, 17 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 18 Days	Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

Schenectady County was assigned this report which alleged the mother and father engaged in a verbal argument where the mother became distraught and picked up the 10 month old surviving sibling. During the argument the sibling's head was hit either against the door jam or the wall. As a result, the sibling sustained a lump/swelling to her head. A subsequent report dated 9/23/16 alleged the mother prematurely gave birth to twins girls and both children were both with a positive toxicology.

**Determination:** Indicated

**Date of Determination:** 10/24/2016

**Basis for Determination:**

The investigation found during a verbal argument with the father, the mother at one point picked up the 10 month old sibling and the child's head hit either the wall or door jam resulting in a lump to the child's head. The police were called and the mother was arrested for endangering the welfare of a child. The allegation of PDAM was substantiated against the mother based on the fact the twins were born with a positive toxicology.

**OCFS Review Results:**

OCFS found that SCDSS took appropriate actions in regard to the initial report alleging a DV incident between the parents. The child was medically evaluated after the incident and the refrain order was reviewed and discussed with the parents. Following, the birth of the premature twins the SM drug use was discussed with her and father. The 18month SS was seen and arrangements for the ongoing care of the SS were reviewed. Since the twins were going to remain hospitalized for a period of time the parents and SS were going to stay with relatives in Albany County to be closer to the hospital. Ongoing contact was maintained. Upon indication the case remained opened for services.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

SCDSS substantiated the allegation of PDAM against the mother due to the children being born with positive toxicology. There was no information to support the mother's drug use resulted in their premature birth or was responsible for the medical issues the children faced.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(c)

**Action:**

This issue was previously identified in a 2015 fatality report and is currently being addresses and implemented in the strategies identified as part of the current Program Improvement Plan (PIP)



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/26/2015	Sibling, Female, 1 Years	Mother, Female, 17 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 1 Years	Father, Male, 19 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 17 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 17 Years	Inadequate Food / Clothing / Shelter	Unfounded	

**Report Summary:**

The report alleged the eldest surviving sibling was born premature and the parents were not providing a safe, stable environment for the child. The parents were jumping between households due to discord between the mother and other family members. It was reported the parents and child were staying in a home with no electric or gas and were running extension chords from other apartments. Finally, it was reported the mother was not meeting the siblings needs, such as not getting up with the baby, feeding the baby enough and having appropriate clothing for the child.

**Determination:** Unfounded

**Date of Determination:** 12/14/2015

**Basis for Determination:**

The narrative states the determination was the result of interviews with the subjects, reports from medical provider and observation of the residence for the parents and child it appears the parents are meeting the child's basic needs for food, clothing, shelter and medical and medical care.

**OCFS Review Results:**

OCFS found that this CPS investigation involved 3 counties; Fulton, Albany and Schenectady with Fulton being assigned primary. At the time of the report, the parent's and child were staying with father's relatives throughout at different locations in Albany County. FCDSS requested assistance from ACDCYF in locating the parents and child and assessing the safety of the child. There was difficulty locating and maintaining contact with the parents due to their frequent moves.

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

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

There is no CPS investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**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.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 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

<b>Criminal Charge: Endangering the welfare of a child Degree: NA</b>			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
09/05/2016	mother	Unknown	resolved
<b>Comments:</b>	Mother was arrested following a domestic incident with father whiled during an argument she was hold SS and the child's head hit the wall or door jam resulting in a bruise to her head.		

### Have any Orders of Protection been issued? Yes

<b>From:</b> 09/05/2016	<b>To:</b> Unknown
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**Explain:**  
There was an Refrain Order issued against the mother following her arrest for endangering the welfare of a child.

### Additional Local District Comments

SCDSS disagrees with the finding by OCFS that indication of the SCR report dated September 4, 2016 was not supported by information learned during the investigation and therefore did not meet the standard for the allegation of Parents Drug/Alcohol Misuse to be substantiated. SCDSS feels the positive toxicology of the twins at birth provides some credible evidence to support the substantiation of Parents Drug/Alcohol Misuse.



## 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