



Report Identification Number: AL-15-001

Prepared by: Albany Regional Office

Issue Date: 8/12/2015

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.



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: 3 month(s)

Jurisdiction: Schenectady
Gender: Male

Date of Death: 02/01/2015
Initial Date OCFS Notified: 02/02/2015

Presenting Information

On 1-31-15, father left the 3-month old SC alone in the room while he went to change 2 year old sibling's diaper. When the father returned to the SC's room, the SC was found not breathing and was in cardiac arrest. The SC died on 2/1/15. On 2-2-15 a subsequent report from the SCR was received by the SCDSS in reference to the DOA/fatality, IG and LOS of a 3 month old by both parents. The SC did not have any known medical conditions, an otherwise healthy child. The parent's explanation was not consistent. Initially, it was explained that the SC was left for five minutes with a bottle propped up and upon returning, the SC was not responsive. Second, it was explained that the SC was swaddled too tightly. According to EMS first responder and ER personnel, the SC's temperature upon arrival at the hospital was 88 degrees, which is only possible if the SC was left alone for an extended period of time.

Executive Summary

On 1/31/15 at 4:45pm a call was placed to 911 operator for an unresponsive 3 month old child. The mother and father were at home caring for the subject child along with their 2 year old daughter and a female adult neighbor. The BM left the home to go to a local store, while the BF remained in the home with the SC, two year old daughter and neighbor. A few minutes later the neighbor left the apartment. The BF stated that he was in the bedroom with the SC who was swaddled in a blanket with his arms inside, sitting in an infant seat, "boppie," on top of the parents bed with another blanket propping up a bottle. The BF stated that the 2 year old entered the bedroom and asked for a diaper change. He took her into another room to change her diaper. The BF stated that he could hear the SC "fussing" while he changed the 2 year old. He said that before he could put a clean diaper on the 2 year old, the SC was quiet. He entered the bedroom where the SC was and noticed that the child was turned over face down in the seat, not moving or breathing, and he began CPR immediately. While conducting CPR the BF stated that the child had blood and mucus coming from his nose, but he continued CPR until the SC's heart had stopped beating. The BF reported that he then exited the apartment and went to the neighbors apartment to borrow her phone. The SC remained in the parents bedroom and the 2 year old was left alone at this time. The BF took the neighbors phone and returned to the apartment and called the BM who was just returning from the store and was right outside of the apartment. The BM arrived to the apartment to see the BF performing CPR on the SC and she called 911. The EMS along with local law enforcement arrived to the case address at 5:04pm and began to assess the situation and continued CPR. The SC received CPR for 45 minutes from the EMS and was intubated before being transported to a local hospital. The SC was later transferred to another hospital and placed in their Infant Intensive care unit. On 2/1/15 the decision to end life support at 1:20pm for the SC was made by the BM and BF, due to brain damage. The report dated 1/31/15 was indicated for IG and LOS against both parents due to leaving the SC alone for an undetermined amount of time, with a propped up bottle. It was determined that the parents placed the SC at imminent risk of harm when they on a consistent basis, fed the SC by propping a bottle containing formula, feeding the SC and leaving the SC unsupervised for a period of time. The 2 year old was immediately placed on a safety plan and removed from the parents home and placed with the MGM. Following the SC's death both parents were interviewed by LLE and their statements were inconsistent. The BF reported multiple time frames for performing CPR on the SC from 20 minutes to an hour. The BM reported being gone for only a few minutes, but the neighbor reported that she was gone for over an hour. The BM later gave another account of her activities which were different from video cameras of the area where she had gone to the store. During the investigations of both the 1/31/15 and 2/2/15 reports all collateral contacts were



interviewed as well as family members, friends and medical staff of both hospitals. The time lines for the phone calls were verified by the phone company records. The SC's cause of death according to the autopsy report was SIDS and the manner of death was deemed natural. Report allegations received on 2-2-15 were for IG and DOA/fatality against the BM and IG, LOS and DOA /fatality against the BF. Both parents were unfounded on the allegation of DOA/Fatality based upon the autopsy report listing the death as SID's and the manner of death was natural. They were however indicated for IG and LOS. The parents indication was based upon the fact that the parents consistently propped a bottle up to feed the SC after given repeated warning from their caseworker, not to do so.

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:

n/a

Was the decision to close the case appropriate? N/A

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:

n/a

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information



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Date of Death: 02/01/2015

Time of Death: 01:20 PM

Date of fatal incident, if different than date of death: 01/31/2015

County where fatality incident occurred:

SCHENECTADY

Was 911 or local emergency number called?

Yes

Time of Call:

04:45 PM

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: Sitting in an infant seat on top of a bed.

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

2

At time of incident supervisor was: Not 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	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

LDSS Response

On 2/2/2015 a subsequent report from the SCR was received by the Schenectady County DSS in reference to the DOA/fatality and IG of a 3 month old. The initial report on 1/31/15 indicates that the subject child had suffered from Cardiac Arrest while in the care of his parents at his home. The subject child was taken by ambulance to Ellis Hospital and later transported to Albany Medical Center. The parent's explanation was not consistent as to the amount of time the subject child was left alone. The subject child's temperature upon arrival at the hospital was 88 degrees, which is only possible if the subject child was left alone for an extended period of time. This information was provided by the EMS responder as well as the emergency room staff. The LDSS filed a neglect petition against the mother and father after concluding their CPS investigation indicating both parents for Inadequate Guardianship due to leaving the subject child propped with a bottle for an unknown period of time. After an autopsy was performed the cause of death was changed from Cardiac Arrest to "SIDS". The 2 year old sibling was immediately removed informally and the safety plan which was



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agreed upon by all parties was to place her with the maternal grandmother. On 3/18/15 the sibling was returned to the parents following a Family Court proceeding issuing an order of supervision for the 2 year old surviving sibling calling for a "refrain from corporal punishment". The parents are required to attend parenting classes and are scheduled to be evaluated by a psychiatrist on 4/22/15. The parents did attend the scheduled meeting. The parents were also referred to grief counseling at Haven Bereavement Services. Their case remains open at this time.

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: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: Schenectady County does not have a CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015741 - Deceased Child, Male, 3 Mons	017961 - Mother, Female, 20 Year(s)	Lack of Supervision	Substantiated
015741 - Deceased Child, Male, 3 Mons	017181 - Father, Male, 22 Year(s)	Lack of Supervision	Substantiated
015741 - Deceased Child, Male, 3 Mons	017961 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
015741 - Deceased Child, Male, 3 Mons	017961 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
015741 - Deceased Child, Male, 3 Mons	017181 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
015741 - Deceased Child, Male, 3 Mons	017181 - Father, Male, 22 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The local law enforcement agents as well as Schenectady County CPS investigators did conduct face to face interviews with all collateral contacts. These interviews were completed within a reasonable amount of time, following the fatality incident.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile



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	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 checked="" type="checkbox"/>	<input 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"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The surviving sibling was initially removed from the home and placed with the maternal grandmother.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/02/2015	Adjudicated Neglected	Not LDSS Custody
Respondent:	015742 Sibling Female 2 Year(s)	
Comments:	Following a family court hearing on 3-18-15 the bio-parents were issued an order of supervision to refrain from corporal punishment, attend parenting classes and receive a mental health evaluation from a doctor. Their 2 year old daughter was returned to the parent's home following the hearing.	



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:
The surviving sibling was informally placed with the MGM during the investigation following the fatality. The sibling remained there until 3/18/15 at which time a temporary order of protection was established by the Family Court. From the date of the fatality until 3/18/15 the parents were allowed to have supervised visits.

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

Explain:



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The parents were referred to grief counseling, parenting classes, order of supervision and psychological evaluation to address their mental health needs.

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? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? No

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 neither of the issues listed noted in case record
- 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)
12/16/2014	3168 - Deceased Child, Male, 3 Months	3165 - Father, Male, 22 Years	Inadequate Guardianship	Indicated	No
	3168 - Deceased Child, Male, 3 Months	3166 - Mother, Female, 20 Years	Inadequate Guardianship	Indicated	
	3168 - Deceased Child, Male, 3 Months	3165 - Father, Male, 22 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 12/16/14 police were called by the BM, reporting that the BF had pointed a loaded hand gun at her and threatened to kill her in front on their 2 year old daughter, while the SC was asleep in another room. A CPS interview took place and both children were informally removed from the home and placed with the MGM. A warrant was issued for the BF's arrest, he turned himself in three days later. The BF received an OOP against him toward the BM and children. The order



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was later changed to Refrain From Corporal Punishment order on 1/6/15. Both parents were indicated for IG due to this incident.

Determination: Indicated **Date of Determination:** 04/16/2015

Basis for Determination:
The BF pointed a loaded hand gun at the BM in the presence of their 2 year old daughter, while the SC was asleep in another room. Both parents acted out in violence in the presence of the children.

OCFS Review Results:
The Schenectady County DSS did provide the minimum required to assess for the children's immediate safety. They were in consistent contact with the source and conducted weekly home visits. They were consistent in their inquiring of the whereabouts of the father and were provided with false and or no information. SCDSS did not receive notice that the father's OOP was changed to refrain from order with stipulations and the SC's mother did not disclose that the father had moved back into the home and was caring for the children. The mother placed her children at risk when she failed to inform CPS that the father was again living in the home during a home visit three days prior to the fatality.

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 history on either parent that is more than three years old in which they were the subject of the investigation.

Known CPS History Outside of NYS

None known.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 12/16/2014

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

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine



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Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
 Yes No

Preventive Services History

The subject child and sibling lived with the maternal grandmother prior to the fatality after the father pointed a loaded hand gun at the mother and threatened to kill her on 12/16/2014. This occurred in front of the 2 year old daughter, while the subject child was asleep in another room. Preventive services began that evening with the children remaining with the MGM until the father was arrested. The mother refused to stay with the MGM or a hotel and returned to the home. On 12/19/2014 the father turned himself in and the children returned to their mother's home. A stay away Order of Protection was placed against the father on 12/24/14 until 1/6/2015 when it was reduced to Refrain From Order. The father was to refrain from using any corporal punishment. The father moved back into the apartment on 1/6/15 without CPS knowledge nor did the mother notify CPS of this change. During a home visit on 1/28/15 the mother lied to CPS stating that the father did not know that she had moved to a different apartment in the same building, when in fact they were residing together. She also stated that they have had no contact. It wasn't until 1/31/2015 the day of the subject child's need for emergency services that CPS discovered that the father was back in the home and caring for the children. The case continues to remain open at this time, due to the two year old child in the home.

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

Have any Orders of Protection been issued? Yes

From: 12/16/2014 **To:** 01/06/2015

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