

Report Identification Number: AL-14-017

Prepared by: Albany Regional Office

Issue Date: 4/14/2015

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

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

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

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

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

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

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

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

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Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-plumonyary 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 Suprevision
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: 9 year(s)

Jurisdiction: Rensselaer
Gender: Female

Date of Death: 07/01/2014
Initial Date OCFS Notified: 07/01/2014

Presenting Information

The nine and six-year-old children were recently removed from their mother's care in the State of Pennsylvania and were subsequently released to the care of their maternal uncle. The uncle and children moved to New York State on or about 6/2/14 at which time a safety plan was established whereby the uncle would not allow any unsupervised contact between the mother and the children. The mother was released from the hospital on 6/23/14 and came to New York State to reside with the uncle and her children. On 7/1/14, the mother killed both children by placing bags which contained an unspecified gas over their heads and then took her own life.

Executive Summary

On 7/1/14 a report was made to the State Central Register alleging DOA/Fatality, Poisoning Noxious Substances, and Inadequate Guardianship against the mother of the subject children ages 9 and 6. The mother of the subject children used nitrogen gas to kill her children and herself. Rensselaer County Department of Social Services (RCDSS) initiated the investigation by coordinating with law enforcement. Interviews were conducted with EMS, and surviving family members that were present at the time of the death. Because RCDSS had an open case at the time of the death alleging that the mother had threatened to kill herself and children, the maternal uncle was advised by RCDSS to not allow the children to be alone with the mother. The maternal uncle was residing with the family and was determined to also be a person legally responsible for the children at the time of their deaths. In addition, RCDSS made contact with other states that conducted investigations regarding these allegations, other witnesses and family members that heard the mother make threats as well as the children's babysitter to whom the children reported that they were going to New York with their mother to have "heart attacks". RCDSS obtained records from the psychiatric hospital that involuntarily held the mother for 20 days and the court order from the Family Court in Pennsylvania ordering the maternal uncle to care for the children until the mother's release. After the deaths, RCDSS learned that the mother had purchased Nitrogen gas on two occasions to use in the murder suicide. RCDSS appropriately assessed the safety of the maternal uncle's child who resided with their mother in a different household. The report was indicated on 12/10/14 against the mother for DOA/Fatality, Poisoning and Inadequate Guardianship. The report was also indicated for DOA, Lack of Supervision and Inadequate Guardianship against the maternal uncle.

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 investigation?**
- **Was the determination made by the district to unfound or indicate**

Yes, sufficient information was gathered to determine all allegations.

Yes

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appropriate?

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.

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: 07/01/2014

Time of Death:

County where fatality incident occurred: RENSSELAER

Was 911 or local emergency number called? Yes

Time of Call: 01:30 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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 2

Adults: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	57 Year(s)

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Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Male	49 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	9 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	47 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Other Household 1	Father	No Role	Male	60 Year(s)

LDSS Response

RCDSS responded immediately to the fatality allegations and interviewed the surviving household members. In addition, RCDSS made all necessary contacts to assess the safety of the uncle's child who did not reside in the household.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external 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? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
009921 - Deceased Child, Female, 9 Yrs	009925 - Aunt/Uncle, Male, 49 Yrs	Inadequate Guardianship	Substantiated
009921 - Deceased Child, Female, 9 Yrs	009924 - Mother, Female, 47 Yrs	Inadequate Guardianship	Substantiated
009921 - Deceased Child, Female, 9 Yrs	009925 - Aunt/Uncle, Male, 49 Yrs	Lack of Supervision	Substantiated
009921 - Deceased Child, Female, 9 Yrs	009925 - Aunt/Uncle, Male, 49 Yrs	DOA / Fatality	Substantiated
009921 - Deceased Child, Female, 9 Yrs	009924 - Mother, Female, 47 Yrs	DOA / Fatality	Substantiated
009921 - Deceased Child, Female, 9 Yrs	009924 - Mother, Female, 47 Yrs	Poisoning / Noxious Substances	Substantiated
009923 - Sibling, Female, 6 Yrs	009925 - Aunt/Uncle, Male, 49 Yrs	Inadequate Guardianship	Substantiated
009923 - Sibling, Female, 6 Yrs	009925 - Aunt/Uncle, Male, 49 Yrs	Lack of Supervision	Substantiated

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	Yrs		
009923 - Sibling, Female, 6 Yrs	009924 - Mother, Female, 47 Yrs	DOA / Fatality	Substantiated
009923 - Sibling, Female, 6 Yrs	009924 - Mother, Female, 47 Yrs	Poisoning / Noxious Substances	Substantiated
009923 - Sibling, Female, 6 Yrs	009925 - Aunt/Uncle, Male, 49 Yrs	DOA / Fatality	Substantiated
009923 - Sibling, Female, 6 Yrs	009924 - Mother, Female, 47 Yrs	Inadequate Guardianship	Substantiated

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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 father was never interviewed, however, the department made diligent efforts to contact and locate the father. The pediatrician records were not obtained.

Fatality Safety Assessment Activities

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

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Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

Additional information, if necessary:

No bereavement services were offered to the uncles after the deaths.

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? No
Were there any siblings ever placed outside of the home prior to this child's death? Yes
Was the child acutely ill during the two weeks before death? 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)
06/02/2014	672-Deceased Child,Female, 9 Years	671-Mother,Female, 47 Years	Inadequate Guardianship	Indicated	Yes
	673-Deceased Child,Female, 6 Years	671-Mother,Female, 47 Years	Inadequate Guardianship	Indicated	

Report Summary:
 On 6/2/14 a report was made to the SCR alleging Inadequate Guardianship against the mother of the subject children ages nine and six. The report stated that the mother had made threats to kill her children by means of a medically induced heart attack. The mother reportedly made these statements to her sister, the maternal aunt who called authorities in Texas. The family resided in Texas at the time of the threats. In addition, the children disclosed to their babysitter that they were going to New York where their brother died to have heart attacks with their mother.

Determination: Indicated **Date of Determination:** 12/10/2014

Basis for Determination:
 The mother was indicated for poisoning her two children with Nitrogen Gas. The death was ruled a homicide.

OCFS Review Results:
 The RCDSS CPS investigation did not obtain the necessary information in order to make appropriate safety and risk decisions on behalf of the children. RCDSS did not re-interview the children once the mother was discharged to determine whether there was unsupervised contact between she and the children. There was no exploration in to the children's sleeping arrangements. In addition, following the mother's comments about having her brother sleep in the same room, her understanding of the safety plan that she would never be alone with the children was not fully explored.

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

Issue:
 Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:
 RCDSS did not re-interview the youth once the mother was released from the hospital in order to assess for safety. No information was gathered from the children whether they were having unsupervised contact with the mother or whether there were any concerns regarding the allegations.

Legal Reference:
 432.1 (o)

Action:
 RCDSS will make safety assessments as case circumstances change.

Issue:
 Pre-Determination/Assessment of Current Safety/Risk

Summary:

RCDSS failed to obtain the necessary information in order to assess safety and risk of the children. The children were never re-interviewed once the mother was released from the hospital. No information was obtained regarding the sleeping arrangements and the mother's understanding of the safety plan.

Legal Reference:

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

Action:

RCDSS will assess for safety and risk throughout the case.

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

On 2/11/08, the mother of the subject children was named in a report alleging Excessive Corporal Punishment, Inadequate Guardianship and Lacerations, Bruises and Welts concerning the 9-year-old subject child who was then 3 years-old. In addition the report alleged Inadequate Guardianship concerning the mother's 16-year-old child from a previous marriage. The report was unfounded and closed with no services.

Known CPS History Outside of NYS

In May of 2014, two reports were made to Child Protective Services in the state of Texas. The mother had disclosed to her sister that she was going to kill herself and her children by means of medically induced heart attack. The mother then cut off communication with her sister. Sometime after this the children disclosed to their babysitter in Texas that they were going to New York State where their brother died to have heart attacks with their mother. According to reports, the mother took the children to Disney Land in California as a "last hurrah" and was on route to New York State. A police report was made and the New York police authorities tracked the mother to Pennsylvania where the mother was taken to a psychiatric hospital for an evaluation. The children were then placed in protective care at the order of Dauphin County Court, pending relative search. According to the report, the mother had an adult son who committed suicide on 4/1/14, by placing a bag over his head. This incident took place in the mother's home in New York State.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

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

Yes No

Foster Care Placement History

On 6/2/14, the subject children were briefly placed in the Protective Care of Dauphin County Social Services in Pennsylvania after the mother was placed in a psychiatric hospital. The mother had threatened to kill herself and the children in her home in New York State, this was also where her son killed himself. Police from New York tracked the mother across country until she made a stop in Pennsylvania where she was taken by Pennsylvania police to a psychiatric hospital. The children were subsequently released by a Judge in Pennsylvania to the care of their maternal uncle. He returned to New York State with the subject children. A report was made to the NYS Central Register regarding the mother's threats prior to the children being sent to New York with the uncle. The petition filed by Dauphin DSS was dismissed on June 2, 2014.

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