



**Report Identification Number: AL-15-020**

**Prepared by: Albany Regional Office**

**Issue Date: 5/12/2016**

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



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

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

**Jurisdiction:** Schenectady  
**Gender:** Male

**Date of Death:** 10/12/2015  
**Initial Date OCFS Notified:** 10/13/2015

## Presenting Information

The SCR report dated 10/13/15 reported the mother found the SC unresponsive in his crib. The child had Pierre Robin's Syndrome which is a condition where the jaw is deformed and the tongue goes back too far into the throat. The child had recently had a Trach tube to help with the problem. The child was also diagnosed with failure to thrive and had a cleft palate. The child had been hospitalized and discharged 5 days prior to his death. The SC required a high level of care including the use of special bottles and a suction machine.

## Executive Summary

This report involves the death of a 3-month-old male child in Schenectady County. The subject child was the mother's third child born with a positive toxicology for cocaine. The mother admitted to using cocaine 5 times during her pregnancy with the subject child. The mother had a long history of substance abuse and non-compliance with treatment.

The subject child was born with a cleft pallet. Special bottles and nipples were provided for the mother for feeding the child. In September 2015 the child was hospitalized for Failure to Thrive. He remained hospitalized until October 6, 2015. While hospitalized the child was diagnosed with Pierre Robin Syndrome. It is a jaw deformity that prohibits adequate airflow. As a result the subject child was burning all his calories to breathe. A tracheostomy (incision to anterior aspect of the neck opening a direct airway through an incision in the trachea so a tube to be inserted allowing a person to breathe without the use of their nose or mouth) was performed and the child was placed on a high calorie formula. Additionally, the tracheostomy required suctioning at designated times during the day. The parents were educated on how to care for the child. The child passed away 5 days later after his discharge from the hospital. An autopsy was performed and the cause of death was cardiac arrhythmia, Failure to Thrive, Pierre Robin Syndrome and Tracheostomy. There were no signs that that neglect by the parents contributed to the child's death.

SCDSS had an open services case with the family since May 2012 due to the ongoing substance abuse issues of the parents and their history of domestic violence. In the past the mother had obtained a full stay away Order of Protection against the father and then requested the Order be modified to a Refrain from Order. There are no known current criminal orders. SCDSS initiated Family Court intervention with this family in July 2012 and there has been continuous court involvement with this family since then due to issues of non-compliance and continuous substance abuse issues. In May 2015 the Family Court Judge ordered the father not leave the children alone with the mother. The father was violating the court order and there were suspicions regarding his possible drug use. Following the birth of the subject child, SCDSS requested the removal of the children and the Family Court Judge denied the request. The Judge ordered the mother was not allowed to have any contact with the children and the father was not to be the sole caretaker of the children. As a result the paternal grandfather moved into the home to assist the father with the care of the children. The order was modified within a few days to allow the mother supervised contact with the children and for neither parent to be the sole caretaker for the children. In October 2015 SCDSS again requested the removal of the children and the Family court Judge denied the request. The court continued the order whereby the PGF was to supervise all contact between the parents and children and the Judge ordered the PGF would be the sole caretaker. Additionally, the Family Court Judge ordered that the PGF not consume alcohol to the point of intoxication.

The parent's also had difficulty in maintaining a stable residence. SCDSS provided housing assistance and short-term



services to assist with their housing issues. The Family Services case remains open.

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:

SCDSS maintained an ongoing presence in the home and worked with the parents to comply with the court-ordered treatment. SCDSS has also offered assistance to help the parents to maintain stable housing.

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:

SCDSS opened a services cases in 2012 following the birth of the first of three children born with a positive toxicology for cocaine. The mother has been non-compliant with treatment recommendations. There is a history of domestic violence between the parents.

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

Date of Death: 10/12/2015

Time of Death:



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County where fatality incident occurred: SCHENECTADY

Was 911 or local emergency number called? Yes

Time of Call: 07:29 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? Yes

How long before incident was the child last seen by caretaker? 4 Hours

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

1

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

### Household Composition at time of Fatality

| Household                  | Relationship   | Role                | Gender | Age         |
|----------------------------|----------------|---------------------|--------|-------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      |        | 2 Month(s)  |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 29 Year(s)  |
| Deceased Child's Household | Grandparent    | No Role             | Male   | 50 Year(s)  |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 29 Year(s)  |
| Deceased Child's Household | Sibling        | No Role             | Female | 8 Year(s)   |
| Deceased Child's Household | Sibling        | No Role             | Female | 3 Year(s)   |
| Deceased Child's Household | Sibling        | No Role             | Female | 18 Month(s) |

### LDSS Response

At the time of the child's death there was an open services case and Family Court involvement with the family.

### 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



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## 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

## SCR Fatality Report Summary

| Alleged Victim(s)                 | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|-----------------------------------|-------------------------------------|-------------------------|--------------------|
| 024846 - Deceased Child, , 2 Mons | 024847 - Mother, Female, 29 Year(s) | Inadequate Guardianship | Substantiated      |
| 024846 - Deceased Child, , 2 Mons | 024848 - Father, Male, 29 Year(s)   | Inadequate Guardianship | Substantiated      |
| 024846 - Deceased Child, , 2 Mons | 024848 - Father, Male, 29 Year(s)   | DOA / Fatality          | Unsubstantiated    |
| 024846 - Deceased Child, , 2 Mons | 024847 - Mother, Female, 29 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 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 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"/> |

## 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 |                                     |                          |                          |                          |



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|   |                                     |                                     |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>in the household named in the report:</b>  |                                     |                                     |                          |                          |
| <b>Within 24 hours?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>At 7 days?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>At 30 days?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|

## 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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"/> |

**Explain as necessary:**  
 SCDSS went to Family court and requested the removal of the children. The Judge denied the request based on negative



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drug screens of the parents on the date of the request. The Judge did order that the parents could not be unsupervised with the children and the PGF was to be present whenever the parents were with the children.

## 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

|                    |   |                                 |
|--------------------|---|---------------------------------|
| <b>Date Filed:</b> | <b>Fact Finding Description:</b>  | <b>Disposition Description:</b> |
| 10/14/2015         | There was not a fact finding  | There was not a disposition     |
| <b>Respondent:</b> | 024847 Mother Female 29 Year(s)   |                                 |
| <b>Comments:</b>   | A Neglect Petition was filed following the death of the subject child due to mother's ongoing drug use and her non-compliance with treatment. |                                 |

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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Housing assistance         | <input checked="" type="checkbox"/> | <input 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 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"/> |





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|                                      |                                     |                                     |                          |                          |                          |                                     |                          |
|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Alcohol/Substance abuse              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |

**Additional information, if necessary:**  
 SCDSS provided housing and financial assistance to the family following the death of the child. SCDSS also assisted the family with transportation. There was an open Family Services Case at the time and through out the fatality investigation the worker continued to provide support and services to the family.

**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 family was provided with housing assistance the night following the fatality since home had not been released for the family to return by the police. Financial assistance was provided and grief counseling was offered.

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

**Explain:**  
 The family including the parents and the PGF were provided with housing and transportation well as financial assistance.

## 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? 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



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**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) |
|--------------------|---------------------------------|---------------------------------|-------------------------------|----------------|---------------------|
| 03/10/2012         | 8286 - Sibling, Female, 4 Years | 8283 - Mother, Female, 26 Years | Inadequate Guardianship       | Indicated      | No                  |
|                    | 8286 - Sibling, Female, 4 Years | 8283 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8288 - Sibling, Female, 1 Days  | 8283 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8286 - Sibling, Female, 4 Years | 8294 - Father, Male, 25 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 8286 - Sibling, Female, 4 Years | 8294 - Father, Male, 25 Years   | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8288 - Sibling, Female, 1 Days  | 8294 - Father, Male, 25 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 8288 - Sibling, Female, 1 Days  | 8283 - Mother, Female, 26 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8286 - Sibling, Female, 4 Years | 8283 - Mother, Female, 26 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8286 - Sibling, Female, 4 Years | 8283 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8288 - Sibling, Female, 1 Days  | 8294 - Father, Male, 25 Years   | Parents Drug / Alcohol Misuse | Indicated      |                     |

**Report Summary:**

The report stated the mother gave birth to a female child and the child tested positive for cocaine and cannabis. It was alleged the positive tests results indicated the mother used drugs within a few days of the child's birth. It was also reported there was no record of the mother receiving prenatal care.

**Determination:** Indicated**Date of Determination:** 04/03/2012**Basis for Determination:**

SCDSS substantiated the allegations of PDAM and IG against the mother and father of the subject child. The determination was based on the mother's admission to marijuana use the week prior to the birth of the child. The mother denied cocaine use but stated there may have been cocaine in the joint she smoked. The mother had a history of substance abuse problems and had not followed through with prior treatment recommendations. The father admitted to marijuana use. There was a history of DV between the parents. Both parents denied any incidents of DV. SCDSS observed bruises to the mother and scratches to the father were observed during the investigation.

**OCFS Review Results:**

OCFS found SCDSS took appropriate steps to assess the safety of the newborn as well as the half-sibling of the newborn child. SCDSS maintained continuous contact with the family and took steps to make sure the newborn's health was



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appropriately monitored. The parents were cooperative and had kept all the medical appointments for the child and with the Public Health Nurse (PHN). The Parents were cooperative with substance abuse evaluations and at the time of indication SCDSS was waiting for treatment recommendations. The case remained opened for services

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

| Date of SCR Report | Alleged Victim(s)                | Alleged Perpetrator(s)          | Allegation(s)                 | Status/Outcome | Compliance Issue(s) |
|--------------------|----------------------------------|---------------------------------|-------------------------------|----------------|---------------------|
| 06/18/2012         | 8297 - Sibling, Female, 4 Years  | 8295 - Father, Male, 25 Years   | Inadequate Guardianship       | Indicated      | Yes                 |
|                    | 8297 - Sibling, Female, 4 Years  | 8296 - Mother, Female, 26 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8299 - Sibling, Female, 3 Months | 8295 - Father, Male, 25 Years   | Lack of Medical Care          | Unfounded      |                     |
|                    | 8297 - Sibling, Female, 4 Years  | 8296 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8485 - Sibling, Female, 5 Years  | 8296 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8299 - Sibling, Female, 3 Months | 8296 - Mother, Female, 26 Years | Lack of Medical Care          | Unfounded      |                     |
|                    | 8299 - Sibling, Female, 3 Months | 8296 - Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8299 - Sibling, Female, 3 Months | 8295 - Father, Male, 25 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 8485 - Sibling, Female, 5 Years  | 8295 - Father, Male, 25 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 8299 - Sibling, Female, 3 Months | 8296 - Mother, Female, 26 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8485 - Sibling, Female, 5 Years  | 8296 - Mother, Female, 26 Years | Inadequate Guardianship       | Indicated      |                     |

**Report Summary:**

The report alleged IG, PDAM and LMC against both parents of the subject child regarding the then 3 month old surviving sibling. It also alleged PDAM and IG against both parents regarding the then 3 yr. old half-sibling of the subject child. It was reported the mother had an extensive history of drug use and her then 3 month old child was born with a positive toxicology for cocaine and the mother had been non-compliant with substance abuse treatment. Additionally it was reported both parents had been non-compliant with health services and other services for their children.

**Determination:** Indicated

**Date of Determination:** 07/17/2012

**Basis for Determination:**

The allegations of PDAM and IG were substantiated against the mother and the allegation of IG was substantiated against the father of the subject child. Allegation of LMC was unsubstantiated against both parents. The investigation found the mother failed to follow through recommendations for substance abuse treatment after child was born with a positive toxicology. In regards to the father, SCDSS found he was aware of the mother's failure to comply with treatment and left the children in her care. Allegation of LMC was unfounded in that appropriate medical appointments for the child had been scheduled and kept. SCDSS had already filed a petition in FC and the case remained opened.



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**OCFS Review Results:**

OCFSS found that SCDSS attempted but was unsuccessful in making contact with the family. On 6/26/12 SCDSS met the mother while she was at DSS and informed her of the report and a Neglect Petition that had been filed in Family Court. The children were observed on that date and during a subsequent home visit. No safety concerns were identified and the medical appointments needed by the children were discussed. The father was not home and not seen prior to the determination. There was an open FSS stage at the time.

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

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The father who named as a subject in the report was not interviewed regarding the allegations prior to the case determination.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(a)

**Action:**

SCDSS must take steps to make sure all subjects are interviewed regarding the allegations prior to a case determination.

| Date of SCR Report | Alleged Victim(s)                | Alleged Perpetrator(s)        | Allegation(s)           | Status/Outcome | Compliance Issue(s) |
|--------------------|----------------------------------|-------------------------------|-------------------------|----------------|---------------------|
| 06/09/2014         | 8432 - Sibling, Female, 6 Years  | 8431 - Father, Male, 27 Years | Inadequate Guardianship | Unfounded      | No                  |
|                    | 8433 - Sibling, Female, 2 Years  | 8431 - Father, Male, 27 Years | Inadequate Guardianship | Unfounded      |                     |
|                    | 8434 - Sibling, Female, 4 Months | 8431 - Father, Male, 27 Years | Inadequate Guardianship | Unfounded      |                     |

**Report Summary:**

The report stated there was a verbal argument between the mother and father that escalated into a physical altercation while the children ages; 6, 2, and 6 months were in the home. It was reported the father grabbed the mother's private area, she told him to stop and she then ran to a neighbor's home. The mother returned to the home when she heard the 2 yr. old crying. The father then grabbed the mother with one hand and began choking her while the children looked on. Reportedly, the mother attempted to call law enforcement but the father knocked the phone out of the mother's hand.

**Determination:** Unfounded

**Date of Determination:** 06/26/2016

**Basis for Determination:**

SCDSS was unable to support that a domestic violence incident occurred in the presence of the children. The 6 yr. old child reported the father was stabbed in the eye by an individual at the store. The child stated the father pushed and hit the mother because he wanted to go to the doctor after he was stabbed. The father was assaulted and sustained a cut to his eye but denied it was the result of domestic violence. The mother had no marks or injuries and denied any incidents of domestic violence as well. There were no police reports on file either to the home or the store where the father was assaulted.

**OCFS Review Results:**

OCFS found SCDSS completed the regulatory requirements for a CPS investigation and the determination was supported by the information learned during the investigation.

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



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| Date of SCR Report | Alleged Victim(s)                   | Alleged Perpetrator(s)          | Allegation(s)                 | Status/Outcome | Compliance Issue(s) |
|--------------------|-------------------------------------|---------------------------------|-------------------------------|----------------|---------------------|
| 07/20/2015         | 8437 - Deceased Child, Male, 1 Days | 8435 - Mother, Female, 29 Years | Parents Drug / Alcohol Misuse | Indicated      | No                  |
|                    | 8482 - Sibling, Female, 7 Years     | 8435 - Mother, Female, 29 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8482 - Sibling, Female, 7 Years     | 8435 - Mother, Female, 29 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8484 - Sibling, Female, 15 Months   | 8435 - Mother, Female, 29 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8483 - Sibling, Female, 3 Years     | 8481 - Father, Male, 28 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 8437 - Deceased Child, Male, 1 Days | 8435 - Mother, Female, 29 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8483 - Sibling, Female, 3 Years     | 8435 - Mother, Female, 29 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8483 - Sibling, Female, 3 Years     | 8435 - Mother, Female, 29 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8484 - Sibling, Female, 15 Months   | 8435 - Mother, Female, 29 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8437 - Deceased Child, Male, 1 Days | 8481 - Father, Male, 28 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 8482 - Sibling, Female, 7 Years     | 8481 - Father, Male, 28 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 8484 - Sibling, Female, 15 Months   | 8481 - Father, Male, 28 Years   | Inadequate Guardianship       | Indicated      |                     |

**Report Summary:**  
 The report alleged following the birth of the subject child both the mother and child tested positive for cocaine. The mother admitted to using cocaine approximately 5X during her pregnancy with the last time being on 7/19/15. At the time of the report there was an Order of Protection prohibiting the mother from being alone with her 3 other children; ages 7, 3, and 1 years of age.

**Determination:** Indicated **Date of Determination:** 08/05/2015

**Basis for Determination:**  
 The allegation of IG was substantiated against the mother and father of the subject child and the allegation of PD/AM was indicated against the mother in regards to all the children in the home. The mother admitted to cocaine use on 5 occasions during her pregnancy. This was her 3rd child that was born with a positive toxicology. There was an open FSS case at the time and both parents had failed to comply with treatment recommendations. There were pending Violation Petitions in Family Court and a court order prohibiting the mother and father from being the sole caretaker of the children. The case remained opened for services.

**OCFS Review Results:**  
 SCDSS petitioned the Family Court for the removal of the children and the Court denied the request. The parent's showed a pattern of non-compliance and the mother continued to engage in the use of drugs. The paternal grandfather resided in the home so neither parent was alone with the children. The mother and father were educated on how to care for the SC while he was hospitalized and provided the care for the child upon his discharge.



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

| Date of SCR Report | Alleged Victim(s)               | Alleged Perpetrator(s)          | Allegation(s)                 | Status/Outcome | Compliance Issue(s) |
|--------------------|---------------------------------|---------------------------------|-------------------------------|----------------|---------------------|
| 02/10/2014         | 8443 - Sibling, Female, 1 Days  | 8454 - Father, Male, 27 Years   | Inadequate Guardianship       | Indicated      | No                  |
|                    | 8443 - Sibling, Female, 1 Days  | 8441 - Mother, Female, 28 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8453 - Sibling, Female, 2 Years | 8454 - Father, Male, 27 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 8443 - Sibling, Female, 1 Days  | 8441 - Mother, Female, 28 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 8453 - Sibling, Female, 2 Years | 8441 - Mother, Female, 28 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 8453 - Sibling, Female, 2 Years | 8441 - Mother, Female, 28 Years | Inadequate Guardianship       | Indicated      |                     |

**Report Summary:**  
 The report alleged the mother gave birth to a female child who tested positive for cocaine. It stated the mother admitted to using cocaine during her pregnancy. It was reported the mother has a history of drug use and had positive toxicology's with other children.

**Determination:** Indicated **Date of Determination:** 03/07/2014

**Basis for Determination:**  
 The allegations of PDAM and IG were substantiated against the mother and the allegation of IG was added and substantiated against the father. The mother had a long history of non-compliance with substance abuse treatment and had not complied with treatment recommendations at the time of this determination. Both parents had knowledge of a Family Court Order prohibiting the mother from being the sole caretaker of the children and both have failed to comply with the order which has resulted in the mother being the sole caretaker of the children. Case remained opened.

**OCFS Review Results:**  
 OCFS found that SCDSS immediately and appropriately responded to the report and took the necessary steps to control for the safety of the children. At the time of the report SCDSS has an open services case with the family and continued to provide assistance to the family as well as monitoring the parent's actions and compliance with the conditions of the Family Court Order.

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 CPS history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There is no known history outside of New York State.

### Services Open at the Time of the Fatality



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Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 04/02/2012

## 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      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

## Provider

|  | Yes                      | No                                  | N/A                      | Unable to Determine      |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were Services provided by a provider other than the Local Department of Social Services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:

SCDSS provided the services and referred the family to the appropriate community services

## Required Action(s)

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

Yes No

## Preventive Services History

SCDSS opened a preventive case on 4/3/12 as a result of a significant history of DV and drug use by both parents. The case was opened after the parents 1st child was born with a positive toxicology for cocaine. The child's half sibling (age 4 female) also resided in the home. Preventive services assisted with drug treatment and DV services for the mother. A public health nurse and housing assistance was also provided. The father was on probation and drug treatment was not



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

recommended for him. The mother would cooperate with drug treatment evaluations but would not successfully complete treatment. A neglect petition was filed in July 2012 due to the mothers failure to comply with treatment and an order was put in place that she was not able to be the sole caretaker of the children. The mother had another female child in February of 2014 that was also born with a positive toxicology. SCDSS provided daycare assistance for the children when the father worked because the mother could not be left alone with the children. SCDSS continuously refer the family for services and requested UDS to monitor compliance with the court order. The family struggled with housing and assistance was provided. The SC was born in 7/15 with a positive toxicology for cocaine. Family Court issued an order that neither parent could be the sole caretaker and the PGF moved into the home to assist.

### 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:** 07/21/2015 **To:** Unknown

**Explain:**  
Following the birth of the subject child SCDSS returned to Schenectady County Family court and an Order of Protection was issued against both parents. The Order prohibited the mother and/or father from being alone with the children. The paternal grandfather agreed to move into the home and was deemed to be the sole caretaker of the children.

**From:** 07/15/2015 **To:** Unknown

**Explain:**  
There was an OOP issued by the court that the mother could not reside in the home with the children. The order was subsequently modified to allow the mother to have supervised contact with the children. Due to the concern of the father's inability to be a sole caretaker of the children the MGF agreed to move in the home to assist the father in the care of the children. The order was also modified to allow the mother allowed to return to the home but required the MGF to be present when the children were in the home with either parent.

### Additional Local District Comments

SCDSS did an excellent job in the ongoing investigation of this case. The investigations were thorough, information was appropriately evaluated and the investigation actions were very well documented.





**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