



**Report Identification Number: AL-20-007**

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

**Issue Date: Sep 11, 2020**

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 0 day(s)

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

**Date of Death:** 06/23/2013  
**Initial Date OCFS Notified:** 03/18/2020

## Presenting Information

An SCR report was received by Schenectady County Department of Social Services (SCDSS) on 3/18/20, alleging that on 6/23/13, the mother gave birth to a baby girl. As a result of the mother's drug abuse, the baby girl passed away after only a few minutes of life. It was alleged that during her pregnancy, the mother intentionally used crack cocaine and crystal meth to terminate the pregnancy. The mother recently gave birth to another girl on 3/16/20. The mother's toxicology was positive for cocaine and crystal meth. When the 9-year-old sibling was 3 weeks old, the mother threw the child while intoxicated and he sustained permanent brain damage and seizures. The 9-year-old and 2-year old siblings are in the care of the maternal grandmother and the mother is allowed supervised visitation. The grandmother frequently allows the mother to have unsupervised contact with the children and the children have had bruises following visits as a result of the unsupervised contact.

## Executive Summary

This report concerns the death of a 4-hour-old child, born on 6/23/13. SCDSS received an SCR report on 3/18/20, alleging the child passed away due to the mother's drug abuse. The report contained additional concerns for the mother's history of drug use and the alleged abuse of a surviving 9-year-old sibling, when the child was 3 weeks old. The fatality report was received subsequent to an open investigation that began on 3/16/20. That report was received due to the mother giving birth and testing positive for cocaine and methamphetamine. Surviving siblings were assessed throughout the investigation period. The newborn surviving sibling was placed in foster care on 3/19/20. The other two surviving siblings were in the care of the maternal grandmother prior to the investigation period.

SCDSS interviewed the mother on 3/19/20. The mother confirmed having given birth on 6/23/13 to a child that passed away on the same day. The mother identified the child was born premature at 7 months gestation and had multiple genetic abnormalities. The mother denied drug use during that pregnancy.

SCDSS met with the maternal grandmother to assess the safety of the surviving siblings in her care. The 9-year-old surviving sibling had multiple medical needs, was non-verbal, and required care 24/7 from an in-home nurse. The grandmother denied witnessing the mother throw or injure the 9-year-old sibling when he was an infant. The grandmother identified that the mother had a history of marijuana and cocaine abuse and has been in and out of treatment in the past. The grandmother also confirmed that the mother gave birth to a child on 6/23/13, and that the child passed away on the same day due to genetic abnormalities. The 2-year-old surviving sibling was assessed as being safe in the care of the grandmother, and no marks or bruises were observed on the child.

SCDSS gathered collateral information from the hospital where the child was born for the deceased child. The child was born with multiple genetic abnormalities that were identified in the first trimester of the mother's pregnancy. The mother was scheduled to have the pregnancy terminated, however did not return for the appointment. At birth, the child was diagnosed with Penatology of Cantrell, amniotic band sequence, complex malformations including limb body wall complex, and genetic abnormalities incompatible with life. The mother was positive for marijuana at the time of birth, however there was no correlation made between her drug use and the child's multiple birth defects.

The allegations regarding the death of the subject child and the 9-year-old surviving sibling were unfounded. The allegations regarding the mother's drug use related to the newborn sibling were indicated. The mother gave birth and was



positive for cocaine and methamphetamine and the child was removed from her care and placed in a certified foster home on 3/19/20.

## 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

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

**Explain:**  
SCDSS made an appropriate determination of the allegations and an appropriate decision to close the investigation.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 30-Day Fatality Report was completed on 5/28/20, more than 40 days late.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	SCDSS must complete a 30-Day Fatality Report within 30 days of receipt of a report alleging the death of a child resulting from abuse or maltreatment. The template for this report is available in CONNX for all reports containing an allegation of a child fatality.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	There were missed opportunities to contact biological father's of surviving siblings. None of the biological father's of the surviving siblings are documented to have been contacted.



<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. SCDSS will continue to work on this issue and revise their current PIP if deemed necessary.
<b>Issue:</b>	Overall Completeness and Adequacy of Investigations
<b>Summary:</b>	There is no documentation that SCDSS reviewed with the mother the allegation regarding the 9-year-old surviving sibling being injured by the mother in the past. SCDSS identified the allegation was investigated in the past in another report.
<b>Legal Reference:</b>	SSL 424.6 and 18 NYCRR 432.2(b)(3)
<b>Action:</b>	All subjects will be interviewed regarding all allegations in the report and documented in progress notes. Additional concerns raised throughout the investigation will be addressed with appropriate parties. Information revealed will be evaluated to determine if the allegation constitutes abuse or maltreatment.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 06/23/2013

**Time of Death:** Unknown

**Time of fatal incident, if different than time of death:**

Unknown

**County where fatality incident occurred:**

Albany

**Was 911 or local emergency number called?**

No

**Did EMS respond to the scene?**

No

**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death?** Unable to determine

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)



Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
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### LDSS Response

SCDSS received the fatality report subsequent to an open investigation on 3/18/20 and began their investigation into the allegations in the report. The report contained allegations that allegedly occurred in 2011, 2013, and 2020 regarding multiple children. In 2011, the SM allegedly threw the now 9-year-old surviving sibling in anger while intoxicated which led to his permanent disabilities. In 2013, the SM allegedly used drugs while pregnant, causing the SC to be born with genetic abnormalities that led to her death on the same day. In 2020, the SM gave birth to a SS who was positive for cocaine and methamphetamines and had unsupervised contact with the SS, and while in the SM's care suffered a bruise.

SCDSS met with the SM in the hospital on 3/18/20, following giving birth on 3/16/20. The SM identified that she gave birth to the SC on 6/23/13 and that the child passed away a few hours later due to genetic abnormalities. Upon discharge, the SM entered into a drug treatment facility out of state.

SCDSS met with the MGM in her home. The MGM confirmed that the SM gave birth to a child on 6/23/13 and that the child passed away due to genetic abnormalities a short time later. The MGM denied knowledge of the SM throwing the 9-year-old SS when he was 3-weeks-old, leading to the child's disabilities. The SS requires around the clock in-home nursing. The MGM also denied allowing the SM unsupervised contact with either SS and the 2-year-old SS was observed to be free of marks and bruises. The MGM has custody of the elder surviving siblings and they were observed to be safe in her care throughout the investigation period.

Medical records were obtained for the SC. The records showed that the SM was aware as early as the first trimester that the SC had multiple genetic abnormalities that would not allow the SC to survive. The SM was scheduled for an appointment to terminate the pregnancy and did not attend it. The SC was born and passed away due to the genetic abnormalities incompatible with life. The mother tested positive for marijuana at the time of the birth. There was no correlation made between marijuana use and the SC's genetic abnormalities.

The newborn surviving sibling was born on 3/16/20 positive for cocaine and methamphetamine. The SS was removed from the care of the SM and placed in foster care on 3/19/20. The allegation that the SM threw the 9-year-old SS had been investigated previously. Medical records showed that there was no evidence the child suffered any physical trauma.

### 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:** Unknown

### Multidisciplinary Investigation/Review

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

**Comments:** SCDSS coordinated the investigation with an MDT response.

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

**Comments:** SCDSS does not have an OCFS approved CFRT.

### SCR Fatality Report Summary



# Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054307 - Deceased Child, Female,	054370 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
054307 - Deceased Child, Female,	054370 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
054307 - Deceased Child, Female,	054370 - Mother, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
054371 - Sibling, Male, 2 Year(s)	054370 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
054371 - Sibling, Male, 2 Year(s)	054370 - Mother, Female, 21 Year(s)	Internal Injuries	Unsubstantiated
054371 - Sibling, Male, 2 Year(s)	054370 - Mother, Female, 21 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
054371 - Sibling, Male, 2 Year(s)	054370 - Mother, Female, 21 Year(s)	Lack of Medical Care	Unsubstantiated
054371 - Sibling, Male, 2 Year(s)	054370 - Mother, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

There are no documented efforts to speak with biological fathers of the children.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



# Child Fatality Report

Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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

	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"/>

**Explain:**

The mother accepted assistance in entering into drug treatment.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

**Explain as necessary:**

The newborn surviving sibling was removed from the mother and placed into foster care as a result of her continued drug abuse. The child was not removed from the mother due to concerns related to the child fatality.

**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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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"/>

**History Prior to the Fatality****Child Information**

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

No

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

No

Were there any siblings ever placed outside of the home prior to this child's death?

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)	Allegation Outcome	Compliance Issue(s)
03/16/2020	Sibling, Male, 1 Days	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 1 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

SCDSS received a report on 3/16/20 identifying the mother gave birth to a child that tested positive for methamphetamines and cocaine.

**Report Determination:** Indicated

**Date of Determination:** 04/02/2020

**Basis for Determination:**

SCDSS initiated their investigation and it was determined the mother had been using cocaine at least weekly while pregnant. The child was removed from the care of the mother and placed in foster care. The mother entered into a treatment program.

**OCFS Review Results:**

SCDSS did not add the biological father of the newborn sibling to the report or document any attempts to speak with him, despite placing the child into foster care. The father was reported to have been incarcerated in Schenectady County. SCDSS filed a neglect petition in family court due to the mother's drug use and the sibling was removed from her care and placed in a certified foster home. The father may not have been able to provide any insight into the child fatality in 2013; however, may have had knowledge regarding the mother's drug use, her ability to care for the sibling, and he may have been able to offer paternal familial resources as an alternative to foster care placement.

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

**Issue:**

Failure to provide notice of report

**Summary:**

SCDSS did not provide notification letters to fathers of all children reported or added to the report.

**Legal Reference:**

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

**Action:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. SCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

**Issue:**

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

**Summary:**

BF of the newborn sibling was not added to the report as a parent or notified about the investigation. SCDSS was aware of who the BF was and that he was incarcerated within their county. The child was removed from the mother and placed in foster care.

**Legal Reference:**

432.1 (o)

**Action:**

SCDSS will make casework contacts in accordance with the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/10/2019	Sibling, Male, 1 Years	Mother, Female, 26 Years	Other	Substantiated	Yes
	Sibling, Male, 1 Years	Other Adult - Father of sibling, Male, 28 Years	Other	Substantiated	

**Report Summary:**

SCDSS received an SCR report that identified a court ordered investigation had been ordered. The report stated that the mother's mental instability negatively impacts her ability to care for her 1-year-old child. In the past, the mother has threatened to kill herself, the father of the child, and the child.

**Report Determination:** Indicated

**Date of Determination:** 10/16/2019

**Basis for Determination:**

The report was received subsequent to an open investigation. The maternal grandmother gained article 6 custody of the child and the report was Indicated and closed. The mother admitted to cocaine use. The biological father of the child was aware of the mother's drug use and left the child alone in her care while he moved out of the county. The biological father of the child was contacted in person and confirmed concerns for the mother's mental health. The father had multiple mental health diagnoses and then relocated to California during the investigation period.

**OCFS Review Results:**

SCDSS did not document contact with the mother or victim child until a court appearance 5 months after the date of the report. There was no documentation in the case record that the mother was interviewed regarding the allegations. There was no collateral information documented in the case record for the 1-year-old child. SCDSS did not document a review of the case history.

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

**Issue:**

Determination of Nature, Extent and Cause of Conditions (Report)

**Summary:**

There was no documented contact with the victim child or mother until a court appearance 5 months after the report was made. There was no documentation that the mother was interviewed regarding the allegations in the report.

**Legal Reference:**

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

**Action:**



The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. SCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

There was no documented collateral contacts for either the mother and victim child named in the report.

**Legal Reference:**

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

**Action:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. SCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

**Issue:**

Review of CPS History

**Summary:**

There was no documentation of a CPS history check for the family,

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. SCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/04/2019	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 26 Years	Fractures	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 26 Years	Internal Injuries	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 26 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 8 Years	Grandparent, Female, 51 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Grandparent, Female, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Female, 51 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Female, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

The report alleged that on an unknown date in the past, the mother threw the now 8-year-old child against a wall. The child sustained a broken neck and is now on life support.

**Report Determination:** Indicated**Date of Determination:** 10/16/2019**Basis for Determination:**

This report was received subsequent to an open investigation. Additional subsequent reports were merged into this investigation, adding allegations for the now 2-year-old sibling that were indicated. The allegations that the mother threw the child against a wall were unfounded.

**OCFS Review Results:**

There was no documentation in the case record that any casework contacts were made and only a singular collateral contact was made in reference to this case or any of the subsequent reports merged into this investigation.

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

Overall Completeness and Adequacy of Investigations

**Summary:**

SCDSS did not document in the case record contact with the source or collaterals, interviews with the victims, subjects and other people named in the report, a review of CPS history, attempts to contact or notify biological fathers, document any progress notes or supervisory consultations required to make a determination regarding safety, risk, and the allegations made in the report.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

SCDSS will review and adhere to regulations regarding casework practice and documentation. SCDSS will make collateral and familial contacts, address all potential areas of concern with all relevant parties, and adequately monitor any on-going concerns when it is necessary to remain involved.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/17/2019	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 1 Years	Other Adult - Father of 1-year-old sibling, Male, 28 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The report alleged that the mother abuses cocaine while caring for the 1-year-old child. The mother also drives while impaired. When impaired, the mother fails to provide adequate care for the child, including not feeding him.

**Report Determination:** Indicated**Date of Determination:** 10/15/2019**Basis for Determination:**

SCDSS conducted a thorough investigation into the allegations. The mother denied drug use, however tested positive for cocaine and marijuana on 2/20/2019. An additional allegation was added for the father of the 1-year-old child due to his own history of mental health concerns and care of the child. The maternal grandmother was awarded custody of the child through family court following the mother admitting to continually using cocaine. The mother also disclosed concerns of domestic violence with her new partner, and identified being pregnant with his child. The mother entered into domestic violence shelter with assistance from SCDSS.

**OCFS Review Results:**

SCDSS conducted interviews with the subjects of the reports and made a safety plan with the maternal grandmother to be the caretaker of the child. The maternal grandmother was awarded custody of the child prior to case closing due to the concerns for the mother's drug abuse and the father's mental health. SCDSS made appropriate collateral contacts as it pertains to safety, risk, and determination of the allegations.

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

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

The mother has a significant history in NY prior to three years related to the mother's history of drug use and two children are in the care of the maternal grandmother.

**Known CPS History Outside of NYS**

There is no known history outside of NYS.

**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

**Additional Local District Comments**

We held up the completion of the 30 day fatality report as we were awaiting response from the deceased infant's doctor regarding the impact of mothers substance abuse on the child's demise. We did address allegation regarding 9 year old, but failed to document it. In terms of the infant born on 3/16/20, the alleged father, was incarcerated at Schenectady County Jail and we were not allowed to visit/interview him due to COVID concerns. We did however attempt. COVID put our office into a primarily remote working environment. We received this report on 3/18/20 which was the exact date that COVID 19 led to NY pause. Non emergent tasks were reprioritized in order to better support the safety of the community and workforce. Please keep in mind that this medically caused fatality occurred in 2013 and no allegations regarding this death were received in 2013. Your review confirms that we gathered adequate information to determine this case.

**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