



Report Identification Number: AL-18-004

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

Issue Date: Oct 24, 2018

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		



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Schenectady
Gender: Female

Date of Death: 12/23/2005
Initial Date OCFS Notified: 05/19/2018

Presenting Information

An SCR report stated sometime around Christmas in 2012 or 2013, the mother either smothered or shook her 7-week-old female child. As a result, the infant had a brain injury and ended up on life support. The infant passed away several days later due to the injury. It was unknown if anyone else was present. The mother now resided with her boyfriend and his daughter (13). The boyfriend's son (3) also visited the home. The mother and her boyfriend abused alcohol and non-prescribed oxycodone every weekend while caring for the 13-year-old daughter and sometimes the 3-year-old son. The adults would become impaired as a result of their substance abuse. There was a lot of yelling and screaming and the mother would become violent. The mother threw things and broke them. The boyfriend would become so impaired he could barely stand. Due to the situation at home, the 13yo daughter cut herself. Her father was aware she had been cutting but it was unknown if he sought treatment for her.

Executive Summary

This fatality report concerns the death of a 1-month-old female child that occurred on 12/23/05. A report was made to the SCR on 5/19/18, with concerns the mother either smothered or shook her child, resulting in her death. The child who died was the only child living in her parents' home at the time of her death. The child had 1 surviving sibling (4 years old at the time of the fatality) who lived with her grandmother out of state; these siblings never met. There were also concerns in the SCR report that the mother and her new boyfriend were using drugs and alcohol to impairment while caring for the boyfriend's children (14 & 4 years old).

Schenectady County Department of Social Services (SCDSS) consulted multiple law enforcement agencies and local ambulance services to see if there was any record of this 2005 death; there was no record. SCDSS then coordinated efforts with the local law enforcement agency to investigate the newly reported fatality; they found no criminality in the child's death. SCDSS obtained the death certificate for the child which stated the child's death was natural and the cause was respiratory failure.

The mother and father were interviewed and stated the child was fed at approximately 10:30PM one night and woke the next day around 3AM screaming, with her body rigid. They could not calm the child so they drove her to a nearby hospital. The child was then air lifted to another hospital, was on life support for 3 days and then passed away on 12/23/05 around 11PM. Medical staff told the parents the child had a popped blood vessel which caused a seizure. The mother had a normal pregnancy and the child was healthy after delivery. The child had no preexisting medical conditions and was otherwise healthy.

SCDSS gathered information about the child's death from the mother, father, both hospitals, and the county coroner. The CW contacted several collaterals such as the child's pediatrician, the mother's physician and prenatal care doctor, LE, and hospital staff.

Home visits were completed and no concerns were found at the father's home. The family had no CPS history prior to the child's death. SCDSS completed required reports and safety assessments accurately and on time and conducted a thorough investigation. Some case notes were found to be entered 2 months after the occurrence of the event.

During the fatality investigation, SCDSS investigated the other allegations in the report regarding drug and alcohol use by the mother and her boyfriend while caring for the boyfriend's children. It was determined the mother and her boyfriend



were actively using drugs while caring for the children and a safety plan was put in place for the boyfriend's children to remain with their biological mother. An Article 10 petition was filed in Family Court and the children remained with their mother, having only supervised face to face visitation their father and his girlfriend. The fatality allegations were unsubstantiated against the mother and father of the subject child; however, the drug/alcohol misuse allegations on the report were substantiated against the mother and her boyfriend. The case was indicated and opened for services on 7/19/18.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

The casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Some case notes were entered 2 months after the event date.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 12/23/2005

Time of Death: Unknown

Date of fatal incident, if different than date of death:

12/22/2005

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

Unknown

County where fatality incident occurred:

Schenectady

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? Yes

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)

LDSS Response

On 5/19/18, SCDSS received the fatality report from the SCR. SCDSS immediately began their investigation and coordinated efforts with LE, notified the DA, and completed a CPS history review. At the time of the fatality, there were no other children living in the home. At the time this fatality report was received, the mother was living with her boyfriend, his 14-year-old daughter and his 4-year-old son.

There were allegations the mother and her boyfriend were using drugs and alcohol to impairment while caring for the boyfriend's children. A home visit on 5/20/18 to the mother's home. CW questioned the mother about the death of her child in 2005. The mother said her daughter passed away of a brain aneurysm while she and the father were living together. The mother said the child was sleeping in her crib in her room; a blanket and pink bunny were in the crib. She said the child became ill in the middle of the night and she and the father rushed the child to a nearby hospital. The child was then transferred to another hospital by helicopter where the child died approximately 48 hours later. The mother had a difficult time remembering details surrounding the fatality as it was 13 years ago. The mother denied any issues with her pregnancy, labor, or delivery. The mother denied drug use during her pregnancy; however, admitted to currently using heroin, suboxone, crack, and marijuana. CW discovered the mother's boyfriend was also abusing drugs and overdosed last year. The boyfriend's children were not home at the time and SCDSS had the boyfriend make a safety plan for the children



to stay with their mother. CW made numerous attempts to get the mother in treatment and provided several treatment numbers and contacts. CW asked the mother if she thought she needed treatment and she declined to answer. CW tried getting the boyfriend to go for a drug evaluation but he said he would do it on his own. On 5/21/18, SCDSS filed an article 10 petition to place the boyfriend's children with their own mother. The mother and her boyfriend were ordered to have face to face contact only with an LDSS approved supervisor.

Montgomery County Department of Social Services (MCDSS) took a secondary role to interview the father. The father told MCDSS his daughter died of an intracranial hemorrhage. He said he remembered his daughter woke up screaming and her body was rigid. He woke the mother and they brought the child to the hospital where the child was then air lifted to another hospital. The father told the CW the doctors said the child had a popped blood vessel which caused a seizure. He said the child was on life support for 3 days and passed away on 12/23/05 around 11PM. He said the mother's pregnancy was normal, the child was born to term, there was no prenatal drug use, and no issues at birth.

SCDSS contacted several law enforcement agencies who may have been involved with the fatality at the time it occurred. No local law enforcement agencies were involved as the parents did not call 911 and there was no SCR report at the time of the child's death. SCDSS obtained all medical records for the child, and medical and prenatal records for the mother. There were no concerns for the child after birth. Hospital records state there was no suspicion of abuse or maltreatment that led to the child's death. SCDSS obtained a copy of the death certificate which stated the type of death was natural and the cause was respiratory failure.

The parents had no CPS history before the fatality of this child. LE did not find any criminality in the death of this child. The fatality allegations were unsubstantiated; however, the report was indicated on 5/28/18 against the mother and her current boyfriend for inadequate guardianship and parents' drug/alcohol misuse against the boyfriend's children. The case was opened for services to monitor the mother and her boyfriend's engagement in drug treatment.

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: Coroner

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
047867 - Deceased Child, Female, 1 Mons	047869 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
047867 - Deceased Child, Female, 1 Mons	047868 - Mother, Female, 25 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
047867 - Deceased Child, Female, 1 Mons	047868 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
047867 - Deceased Child, Female, 1 Mons	047869 - Father, Male, 31 Year(s)	Choking / Twisting / Shaking	Unsubstantiated



Child Fatality Report

047867 - Deceased Child, Female, 1 Mons	047868 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
047867 - Deceased Child, Female, 1 Mons	047869 - Father, Male, 31 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There were some case notes that were entered 2 months after the event date.

Fatality Safety Assessment Activities

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

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"/>
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Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was there an open CPS case with this child at the time of death? No

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No



Was the child acutely ill during the two weeks before death?

Yes

Infants Under One Year Old

During pregnancy, mother:

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

- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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 was no known CPS 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

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