



**Report Identification Number: AL-18-020**

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

**Issue Date: Feb 15, 2019**

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	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:** 2 month(s)

**Jurisdiction:** Albany  
**Gender:** Female

**Date of Death:** 08/28/2018  
**Initial Date OCFS Notified:** 08/28/2018

## Presenting Information

An SCR report alleged that on 8/28/18 at 6AM, the mother woke up and noticed her 2-month-old female child was in a different position than when the mother put her to sleep. The mother and the child were co-sleeping in the same bed at the time. The mother then went to get the two other children (ages 11 & 9) ready for camp. When the mother returned to the room, the child was cold and not breathing. The mother began CPR compressions and called for help from shelter staff. The shelter staff called 911. Emergency Medical Services brought the child to the hospital. The child was triaged at 9:20AM at the hospital. The child had blood coming out of her nose. The child was pronounced dead at 9:37AM on 8/28/18. The child was a healthy child and had no prior medical conditions that could have contributed to her death. Schenectady County Department of Social Services had an open CPS services case with the family at the time of the child's death.

## Executive Summary

This fatality report concerns the death of a 2-month-old female child (SC) that occurred in a shelter on 8/28/18. On this same date, Albany County Department for Children, Youth, & Families (ACDCYF) received an SCR report regarding the fatality. There were 2 surviving siblings (ages 11 & 8) living in the home at the time of the incident. There was a 15-year-old surviving sibling who resided with his paternal grandmother.

ACDCYF coordinated efforts with law enforcement upon receipt of the report. Law enforcement had not responded to the scene per the 911 call as they were not contacted; there was an error in the process. Law enforcement went to the shelter after the death and observed blankets in the bed and a Pack ‘N Play packed up in the corner of the bedroom.

The CW notified the DA and ME of the child’s death. An autopsy was performed; the manner of death was “undetermined with the probable obstruction of breathing due to sleep sharing surface with an adult. The death is probably due to physical restriction of air flow and breathing during sleep surface sharing.”

On 8/27/18 around 10PM, the mother put her 3 children to bed, placing the 2-month-old in the mother’s bed. The mother had packed the child’s Pack ‘N Play as the family was planning on moving; this was where the child usually slept. The record did not reflect details of how the child was placed in the mother’s bed (position, clothing, or if there were items in the bed). The mother woke around 8:30AM on 8/28/18 and said the child’s back was to her so she did not see her face; the child was on her left side with her arms straight out. A short while later, the mother turned the child over and saw blood coming from her mouth and the child’s eyes were closed. She picked the child up and ran downstairs to the shelter office and performed chest compressions while shelter staff called 911. EMS arrived and transported the child and mother to the hospital. Resuscitative efforts were unsuccessful and the child was pronounced dead at 9:37AM.

ACDCYF gathered information regarding the child’s death from the mother, surviving siblings, shelter staff, EMS, hospital staff, the child’s pediatrician, and the ME.

Several home visits were made and collaterals were interviewed. Grief counseling information was provided to the family and burial assistance was offered; assistance was not utilized. The family had CPS history. ACDCYF completed required reports and safety assessments accurately and on time and completed a thorough investigation. The case was indicated and opened for services on 1/15/19.



## 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? 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:

Casework activity was commensurate with best casework practice, as outlined in the CPS manual.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 08/28/2018

Time of Death: 09:37 AM

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

County where fatality incident occurred: Albany

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS 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**

**At time of incident supervisor was:**

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

**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	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Other Household 1	Other Adult - Father of 11yo	No Role	Male	41 Year(s)

### LDSS Response

On 8/28/18, ACDCYF received the fatality report from the SCR. ACDCYF initiated their investigation within 24 hours and coordinated efforts with LE. ACDCYF contacted the source of the report, completed a CPS history check, and notified the ME and DA of SC's death. There were 2 surviving siblings living in the home.

ACDCYF interviewed the mother on 8/29/18. The mother stated that on 8/27/18, all her kids went to bed around 10PM; SC was placed in the mother's bed to sleep and the mother said she went to sleep around 2AM on 8/28/18. The mother woke around 8:30AM and SC's back was to her so she did not see her face. She said SC was lying on her left side with her arms straight out. The mother said when she was doing her son's hair, she noticed SC was not in the same position as she was when she was put to sleep (it is unknown how the child was originally placed to sleep). The mother said she started to put oil in SC's hair and that is when she realized SC was cold; she thought SC was cold because the fan was on. The mother turned the child over and saw blood coming from her mouth and her eyes were closed. She said she ran downstairs with SC and performed chest compressions while shelter staff called 911. An ambulance arrived and transported SC and the mother to the hospital. Resuscitative efforts continued at the hospital and were unsuccessful. The mother had a Pack 'N Play but it was packed up as the family was planning on moving. The mother said she had slept with the SC in her bed for 5 nights. The mother said the hospital went over safe sleep guidelines with her when SC was born. The mother said she was prescribed and took Subutex, Zoloft, and Gabapentin throughout her pregnancy. As a result, the SC spent 1 week in the NICU post-delivery due to withdrawal. The SC was prescribed morphine and the mother had been appropriately administering the medication; SC was in the process of being weaned off the medication. The CW provided the mother



with a grief packet and discussed obtaining a trauma assessment for the surviving siblings; the mother was interested in the assessment and agreed to follow up with one. The CW offered burial assistance but the mother did not need any.

When shelter staff were interviewed, workers said safe sleep guidelines are discussed with the parents at intake and they sign a form stating they were made aware of the guidelines. ACDCYF obtained a copy of the mother’s signed intake form acknowledging she was made aware of safe sleep guidelines. Shelter staff said they are not required to perform safe sleep checks on their residents.

Both surviving siblings were interviewed and their accounts corroborated their mother's. EMS workers were interviewed and did not observe anything of concern and reported the mother did not appear to be under the influence of any substances. The mother had a history of substance abuse and ACDCYF confirmed mother was in treatment and had not used any illegal substances in over a year.

The mother had a 15-year-old son who lived with his paternal grandmother, with whom she shares custody. The 15yo, his PGM, and his father were interviewed and had no concerns for the children being in the mother’s care. All the children’s fathers were contacted and had no concerns with the mother; notification letters were provided.

ACDCYF obtained all medical records for the SC from birth to death and obtained medical records for the SS. The CW spoke with the ME regarding the autopsy results. The ME said the “manner of death was undetermined with probable obstruction of breathing due to sleep sharing surface with an adult.” The ME said the breathing was obstructed by something like a blanket or a roll over. The ME said, “the blood morphine concentration would probably not be dangerous but may have interacted with a physical obstruction to reduce oxygenation.”

ACDCYF indicated and opened the case for services on 1/15/19.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048928 - Deceased Child, Female, 2 Month(s)	048927 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
048928 - Deceased Child, Female, 2 Month(s)	048927 - Mother, Female, 34 Year(s)	DOA / Fatality	Substantiated

### CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

### 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"/>



# Child Fatality Report

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

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

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



<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other, specify: CPS services</b>							

**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? No**

**Explain:**

Trauma evaluation referrals were made but had not been completed at the time of this writing.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

Services were offered and declined.

## 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? 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 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)	Allegation Outcome	Compliance Issue(s)
02/06/2017	Sibling, Male, 10 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 10 Years	Mother, Female, 32 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 10 Years	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 7 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 7 Years	Mother, Female, 32 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 7 Years	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 7 Years	Other Adult - Father of 7yo SS, Male, 40 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 7 Years	Other Adult - Father of 7yo SS, Male, 40 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 7 Years	Other Adult - Father of 7yo SS, Male, 40 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 10 Years	Other Adult - Cousin, Female, 42 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 7 Years	Other Adult - Cousin, Female, 42 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

An SCR report alleged that on 2/6/17, the mother was abusing alcohol, heroin, and cocaine to impairment. The mother's adult female cousin was also under the influence of drugs and was abusing crack and drinking liquor to impairment. Both women were unable to walk due to the drug use and were not capable of providing adequate care for the mother's 10 and 7-year-old children. There was drug paraphernalia accessible to the children in the home and the home was not suitable for the children. The mother was prostituting herself and leaving the children home alone. The children were removed in the past due to mother's substance abuse and poor decisions.

**Report Determination:** Indicated

**Date of Determination:** 06/28/2017

**Basis for Determination:**

The mother tested positive for opiates during the investigation and admitted to using 3 bags of heroin a day. The mother's cousin was abusing drugs and collapsed in the kitchen. The mother put her cousin in bed with her 7yo son and the cousin died from an overdose while lying in bed with the child. The children were removed from mother's care and placed in kinship foster care with their maternal grandmother.

**OCFS Review Results:**

Schenectady County Department of Social Services (SCDSS) worked with mother's probation officer during the investigation and confirmed through drug screenings that mother was using drugs and she admitted to doing so. The CW made contact with several collaterals and completed thorough interviews.

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

**Issue:**

Failure to provide notice of report

**Summary:**



The record does not reflect that the father of the 7yo received the required notice of existence of the SCR report.

**Legal Reference:**

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

**Action:**

Each subject and each adult "other person named" in the report, including non subject parents not actually listed in the report must receive a notification letter.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/11/2016	Sibling, Male, 9 Years	Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 9 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 9 Years	Unrelated Home Member, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 9 Years	Unrelated Home Member, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Unrelated Home Member, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 6 Years	Unrelated Home Member, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Mother, Female, 31 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 6 Years	Mother, Female, 31 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 9 Years	Unrelated Home Member, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Unrelated Home Member, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother and the unrelated female home member were under the influence of drugs and alcohol to the point of impairment while they were caring for the 9 and 6-year-old children. Due to all of the financial funds being spent on drugs and alcohol, the electric bill was not paid, and the electricity was shut off 3 weeks prior to this report.

**Report Determination:** Indicated

**Date of Determination:** 10/05/2016

**Basis for Determination:**

The mother had been leaving the children home alone and unsupervised. On one occasion when the children were home alone, the youngest child sustained a burn to his face. The allegations of drug/alcohol misuse could not be substantiated as there was no credible evidence. The mother denied the claims and the children made no disclosures. SCDSS



determined the mother's friend did not live in the home or care for the children; allegations against her were unsubstantiated. The CW and mother's probation officer visited the home and confirmed the electricity had been turned back on.

**OCFS Review Results:**

SCDSS made notable efforts to have the mother submit to drug tests by scheduling appointments for her and offering transportation to and from the appointments. The mother failed to show for multiple appointments and refused assistance from SCDSS. The CW sought assistance from mother's probation officer as well. Even though safety was assessed within the first seven days of the investigation, the 7-day safety assessment was not completed until 8/5/16, making it 17 days late. OCFS encourages SCDSS to complete and document all safety assessments accurately and on time. The biological fathers of the children were not contacted and were not provided notice of the report.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The record does not reflect the fathers of the children were provided notice of existence letters.

**Legal Reference:**

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

**Action:**

Each subject and each adult "other person named" in the report, including non subject parents not actually listed in the report must receive a notification letter.

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

Between 2003 & June 2015, the mother was indicated in 6 cases with common allegations of IG, PD/AM, & LS. The mother also had 6 unfounded cases with common allegations of IG, PD/AM, LS & L/B/W. The children named in these reports were the 3 surviving siblings of the SC.

The father of the 10yo SS was indicated in 3 cases and had 1 unfounded case. The father of the 7yo SS was listed in 1 unfounded report.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**

**Date the Child Protective Services case was opened: 04/06/2017**

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

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" 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"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Preventive Services History

9/7/07-7/16/09. There were regular instances of domestic violence in the home between the father of the 11yo SS and the mother. The father was arrested for criminal contempt and assault of the mother. A stay away order of protection was put in place for the mother and children. The police had been to the home on multiple occasions for domestic violence. The parents were to participate in casework counseling, DV services and family support services. The father did not complete his DV program. The mother attended counseling and moved to a different county than the father. The mother was doing well and the case was closed.

On 4/5/17, the mother consented to the removal of the 2 oldest SS. A services case was opened on 4/6/17 due to the mother's ongoing drug abuse. The mother tested positive for opiates on 2/2/17 and 4/4/17. The children were placed with their MGM. The mother eventually engaged with substance abuse treatment and was compliant. The children were returned to their mother on 7/19/17. The case was closed on 9/7/18.

### Foster Care Placement History

On 7/8/14, the 3 SS were removed from mother's care due to mother's drug use. The oldest SS went to live with his grandfather and the 2 youngest SS were placed in foster care. A neglect petition was filed and the petition was later withdrawn; mother showed improvement and tested negative for all substances, and completed her substance abuse evaluation with no treatment recommendations. The children were returned on 8/4/14 and the case was closed on 3/23/15.

### 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

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
04/10/2017	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)



<b>Respondent:</b>	048927 Mother Female 34 Year(s)
<b>Comments:</b>	In Schenectady County, the mother tested positive for opiates on 2/2/17 and 4/4/17 and admitted to abusing cocaine, heroin, prescription pills, alcohol, and refused to go into treatment. As a result, the 10 and 7-year-old sons were removed by SCDSS; the 10yo placed under 1017 kinship foster care with his MGM and the 7yo placed with his father.

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
05/01/2017	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	048932 Other Adult Male 41 Year(s)	
<b>Comments:</b>	SCDSS filed a neglect petition against the father of the 8yo SS. The father became angry and swore at the child when he learned his son spoke with CPS. The father made the child pack his things and kicked him out of the home. The father then locked the doors of the home and left the child on the front steps. An emergency removal was initiated on behalf of the child from his father. The child was then placed with his MGM, who also had custody of his brother.	

### 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