



Report Identification Number: AL-15-027

Prepared by: Albany Regional Office

Issue Date: 5/19/2016

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



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Report Type: Child Deceased
Age: 16 day(s)

Jurisdiction: Rensselaer
Gender: Male

Date of Death: 04/22/2013
Initial Date OCFS Notified: 11/30/2015

Presenting Information

On 11/30/15 Rensselaer County department of Social Services (RCDSS) received an State Central Register (SCR) report alleging IFCS, IG and PD/AM against the mother of the SC regarding her 7 month-old male child and niece and DOA/Fatality and PD/AM mother regarding the 4/6/13 death of the SC. The report also included allegations of IFCS and IG against the MGF regarding the male child and niece whom he has primary custody of by court order.

The report stated two years ago, the mother was driving while under the influence of alcohol with her one week old child when she was in an accident and the child died. It also stated that the mother continued to abuse drugs and alcohol and drive while under the influence with the 7 month old sibling and her niece in the car.

Executive Summary

An SCR report dated 11/30/15 remains open at the time of this report. It alleged IFCS, IG, PD/AM against the deceased child's mother regarding the 7-month-old sibling and 11-year-old cousin; IFCS and IG against the maternal grandfather regarding the 8-month-old sibling and 11-year-old cousin; and DOA/Fatality and PD/AM against the mother regarding the deceased child who was 16 days old at the time of his death. In 2013, the mother was pregnant, drank alcohol in excess, drove a car and got into a motor vehicle accident. Following the accident the mother had an emergency C-section and the SC was born extremely premature. The child died as a result of complications due to severe prematurity. Additionally, the report alleged the mother continued to use drugs and drive under the influence with the 7-month-old surviving sibling and 11-year-old cousin in the car; and that the grandfather was aware of the concerns and failed to intervene.

An SCR report dated 4/8/13 and subsequent report dated 4/18/13 were indicated for Inadequate Guardianship (IG) and Parent's Drug Alcohol Misuse (PD/AM) against the mother regarding the SC. A subsequent report dated 4/22/13 alleging DOA/Fatality, IG and PD/AM was indicated against the mother regarding the SC. The father of the SC was listed with an unknown role. The investigation revealed that on 4/6/13 the mother was pregnant and driving while under the influence of alcohol and got into a motor vehicle accident. The mother suffered a placental abruption as a result of the accident and an emergency cesarean section was performed. The child was born premature and remained hospitalized from 4/6/13-4/22/13 when he died due to complications from Necrotizing Enterocolitis (NEC), a predisposed gastrointestinal disorder often seen in premature infants. The investigation revealed that because the mother was driving under the influence, which led to the accident, the child was born premature and ultimately died.

The death of the 16 day old child occurred in April of 2013 and was thoroughly investigated by CPS and the police then as well as 2015. The CFRT reviewed this case in 2013 and again in 2015.

The caseworker reviewed all records and progress notes from the initial fatality investigation in April 2013, interviewed the mother and grandfather on numerous occasions, consulted with the probation officer and interviewed the cousin. No new or different information was obtained regarding the death of the child. The mother continues to abuse drugs and alcohol to the point of impairment making her unable to care for a child.



The grandfather had and continues to have custody of the sibling and cousin. The mother is only allowed supervised contact with the children. Therefore there is no immediate or impending danger to the children. The grandfather has adopted the cousin and plans to file paperwork to adopt the sibling. CPS plans to file a neglect petition, in April, against the mother regarding the sibling.

The case remains open and determination is pending at the time of this fatality report.

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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

The current investigation gathered enough information to determine the safety of the sibling and cousin.

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 case remains an open investigation. The mother continues to abuse drugs or alcohol. The grandfather continues to have custody of the sibling and cousin. CPS plans to file a neglect petition against the mother in April due to her continued drug abuse and addiction.

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



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Date of Death: 04/22/2013

Time of Death: 09:10 AM

Date of fatal incident, if different than date of death: 04/06/2013

Time of fatal incident, if different than time of death: 05:00 AM

County where fatality incident occurred:

RENSSELAER

Was 911 or local emergency number called?

Yes

Time of Call:

05:00 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: in utero

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	16 Day(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	63 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Other Child	Alleged Victim	Female	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	8 Month(s)

LDSS Response

The caseworker reviewed all records and progress notes from the initial fatality investigation in April 2013, interviewed the mother and grandfather on numerous occasions, consulted with the probation officer and interviewed the cousin. No new or different information was obtained regarding the death of the child.

Interviews with the MGF revealed he had filed for and was granted physical custody of the surviving sibling on 6/24/15 and already had custody of the niece. He was not allowing the mother to have unsupervised contact with either child or allowing them to ride in a car with her. The MGF reported that he understood the mother's drug issues and stated that he knew what he had to do to keep the children safe. The MGF had already adopted the cousin and was hoping to adopt the 7-month-old sibling. The cousin also reported that she and the sibling were never left unsupervised or allowed in a car with



the mother driving. She had no concerns for her safety.

The mother denied having any unsupervised contact with the children, or driving them in the car, or that she abused drugs or alcohol. Although the mother was evaluated and not recommended for treatment, she often presented under the influence of drugs or alcohol on many occasions.

The mother was on probation since 3/18/15 as the result of an assault charge. Contact with the Probation Officer revealed that on 11/30/15 the mother was arrested for Driving under the Influence (DUI) and drugs, as well as trespassing. She failed to provide a Unscheduled Drug Screen (UDS) on a number of occasions and is assumed positive for drugs. Although the mother denied any drug or alcohol use, the caseworker and probation officer reported that the mother appeared under the influence of drugs by slurring words and stumbling.

It was noted that the mother was unable or unwilling to protect the children and continued to use drugs to impairment. Therefore the case remained open and the grandfather continued to have custody of the sibling with the mother having supervised visitation only. The caseworker plans to file a neglect petition in April against the mother regarding the now 11-month-old sibling due to her ongoing drug abuse and addiction resulting in an inability to care for her child.

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)?No

Comments: The fatality review was conducted by the local Child Fatality Review Team in conjunction with CPS, the police, the District Attorney and the Medical Examiner.

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

Comments: The Child Fatality Review Team reviewed this case on January 6, 2016.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
024101 - Deceased Child, Male, 16 Days	024701 - Mother, Female, 24 Year(s)	DOA / Fatality	Pending
024101 - Deceased Child, Male, 16 Days	024701 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Pending
026122 - Sibling, Male, 8 Month(s)	026121 - Grandparent, Male, 63 Year(s)	Inadequate Guardianship	Pending
026122 - Sibling, Male, 8 Month(s)	024701 - Mother, Female, 24	Inadequate Guardianship	Pending



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	Year(s)		
026122 - Sibling, Male, 8 Month(s)	026121 - Grandparent, Male, 63 Year(s)	Inadequate Food / Clothing / Shelter	Pending
026122 - Sibling, Male, 8 Month(s)	024701 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Pending
026122 - Sibling, Male, 8 Month(s)	024701 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Pending
026123 - Other Child - Niece, Female, 11 Year(s)	026121 - Grandparent, Male, 63 Year(s)	Inadequate Food / Clothing / Shelter	Pending
026123 - Other Child - Niece, Female, 11 Year(s)	024701 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Pending
026123 - Other Child - Niece, Female, 11 Year(s)	026121 - Grandparent, Male, 63 Year(s)	Inadequate Guardianship	Pending
026123 - Other Child - Niece, Female, 11 Year(s)	024701 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Pending
026123 - Other Child - Niece, Female, 11 Year(s)	024701 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

No additional information.



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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children 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"/>
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"/>

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



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siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?

Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?

Explain as necessary:
 There were no surviving siblings at the time of the fatality. The sibling was born a year later but has always been in the custody of the grandfather with supervised visits from the mother.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court
 Criminal Court
 Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
Pending	There was not a fact finding	There was not a disposition
Respondent:	024701 Mother Female 24 Year(s)	
Comments:	CPS is filing a neglect petition against the mother because of ongoing concerns for the safety of the surviving sibling due to her ongoing drug abuse and addiction.	

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The mother felt that her doctor could provide medications to help and did not feel the need for counseling.

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:
 The sibling was not born yet at the time of the actual child fatality. The surviving sibling remains in the custody of the grandfather with the mother allowed supervised contact.

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

Explain:
 Bereavement services were offered but refused by the parents two years ago. The mother was already in mental health and substance abuse treatment. The mother was referred Mental Health Counseling and Substance Abuse Treatment during the current report of the child fatality.

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



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Was not noted in the case record to have any of the issues listed

Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/08/2013	7043 - Deceased Child, Male, 2 Days	7040 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	No
	7043 - Deceased Child, Male, 2 Days	7040 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The report alleged Inadequate Guardianship and Parental Drug and Alcohol Misuse against the mother in regards to the SC. The report stated the mother was pregnant and got into a motor vehicle accident while driving intoxicated. The child was born by emergency caesarian section at 28 weeks gestation.

Determination: Indicated

Date of Determination: 08/28/2013

Basis for Determination:

The determination stated that it was reasonable to believe that the accident would not have happened if the mother was not under the influence of alcohol and therefore would not have been born prematurely. The mother failed to provide a minimum standard of care by drinking to intoxication and driving a vehicle putting the unborn child in imminent danger of physical harm.

OCFS Review Results:

No OCFS Review results for this report.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/22/2013	8063 - Deceased Child, Male, 16 Days	8061 - Mother, Female, 24 Years	DOA / Fatality	Indicated	No
	8063 - Deceased Child, Male, 16 Days	8061 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated	
	8063 - Deceased Child, Male, 16 Days	8061 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	

Report Summary:

The report alleged DOA/Fatality, IG and PDAM against the mother regarding the SC. It was reported the SC child died as a result of medical complications due to extreme prematurity. An emergency C-section was performed following the accident as a result of the mother driving while intoxicated and crashing the car.

Determination: Indicated

Date of Determination: 08/26/2013

Basis for Determination:

It was reasonable to believe that had the mother not been under the influence of drugs and alcohol, she would not have



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been in a motor vehicle accident, and therefore would not have needed to have an emergency c-section. It was also reasonable to believe that if the deceased child had not been born extremely premature, he would not have developed NEC and subsequently died from the condition. The mother failed to provide a minimum standard of care by drinking alcohol to the point of intoxication and then driving placing the child in imminent danger of physical harm and ultimately led to the death of the child.

OCFS Review Results:

The CFRT concurred with the results of the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/11/2015	8623 - Sibling, Male, 1 Months	8621 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

This report alleged IG against the mother regarding the surviving sibling. The sibling was born in 4/15 withdrawing from Suboxone. During labor, the mother was found to have Fetanyl Patches under her breasts. While the child was hospitalized, there were concerns the mother was under the influence while caring for him. The child was discharged to the mother and MGF. The mother was not allowed unsupervised contact with the baby as per CPS. The MGF filed for and was granted custody with the mother having supervised visitation. The mother's UDS came back positive for Suboxone, Benzos, Marijuana and Opiates.

Determination: Unfounded

Date of Determination: 08/27/2015

Basis for Determination:

The mother attended an intake for drug treatment and no recommendations were made. The child had a visiting nurse and the family successfully completed their goals with and the case was closed. The mother engaged with Healthy Families who had no concerns for the family / mother. Although the mother's Mental Health Doctor had concerns about her abusing suboxone, her Primary Care Physician had no concerns that she was abusing her medication. Probation also had no concerns regarding the mother. A referral was made to the START Children's Center Clinical Consultation Program and the mother engaged. Since the child's discharge from the hospital, there were no concerns for drug use.

OCFS Review Results:

The caseworker did a thorough investigation to determine this report.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/14/2015	8626 - Sibling, Male, 6 Months	8625 - Grandparent, Male, 63 Years	Other	Unfounded	No
	8626 - Sibling, Male, 6 Months	8624 - Mother, Female, 26 Years	Other	Unfounded	

Report Summary:

The report alleging Other against the mother and grandfather regarding the surviving sibling was unfounded and closed on 12/15/15. The allegation of Other referred to a Court Ordered Investigation. The mother was filing for custody of the sibling. The grandfather had custody at the time.

Determination: Unfounded

Date of Determination: 12/17/2015

Basis for Determination:



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The investigation revealed that the grandfather had custody of the sibling and the mother had supervised visitation. The grandfather did not allow unsupervised contact between the mother and child. The mother had filed for custody but subsequently withdrew her petition and custody remained with the grandfather.

OCFS Review Results:

The caseworker gathered enough information to determine that the grandfather had custody and only allowed supervised contact with the mother. The mother withdrew her petition.

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

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

On 8/26/2004 the mother of the SC was listed on an unfounded report as a maltreated/abused child. The report alleged Lack of Supervision against the mother's adult boyfriend whom she was visiting at college. The mother was drinking alcohol with a room mate of the boyfriend while he was at class.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

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: 10/14/2015

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

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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Closing

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

Required Action(s)

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

Yes No

Preventive Services History

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

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

This case was thoroughly investigated in 2013. The caseworker brought forward the records / notes from that investigation and further investigated the fatality as well as other allegations pertaining to the sibling and cousin. The case is still open and pending with plans to file a neglect petition against the mother regarding the sibling.

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