



Report Identification Number: AL-15-030

Prepared by: Albany Regional Office

Issue Date: 5/17/2016

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



Report Type: Child Deceased
Age: 13 day(s)

Jurisdiction: Schenectady
Gender: Female

Date of Death: 11/03/2015
Initial Date OCFS Notified: 11/03/2015

Presenting Information

The subject child was born at 24-weeks gestation and remained hospitalized until his death. SCDSS had an open CPS case on the mother and child from the date the subject child was born. The SC passed away as a result of birth defects due to being born premature.

Executive Summary

This case involves a death of an thirteen day old female child in Schenectady County. In October 2015 the mother gave birth to the SC at 24 weeks of gestation. The mother's placenta had ruptured due to drug use. The SC was severely underdeveloped at birth and not expected to survive. The SC was born with a positive toxicology and the mother tested positive for Crack/Cocaine during delivery.

Schenectady County Department of Social Services Child Protective (SCDSS) received an SCR report following the birth of the SC. The report involved allegations of Inadequate Guardianship (IG) and Parents Drug/Alcohol Misuse (PD/AM). It was stated there were concerns regarding the mother's ability to care for the child. There were no surviving siblings or family members listed on the report. The mother did not know who the father was because of her prostitution behaviors.

The investigation revealed that the mother was homeless, engaging in prostitution and had been using crack/cocaine during her pregnancy. The mother was also being treated for mental health issues. The mother had only received prenatal care two weeks prior to delivery and had not made any plans for the SC. The mother was psychiatrically hospitalized immediately following the delivery of the SC in hopes to she would receive the necessary services. There was concern with the mother's ability to make medical decisions for the SC.

SCDSS CPS filed an article 1022 petition for a removal of the SC. On 10/27/15 the Schenectady County Family Court granted custody of the SC to SCDSS. On 10/30/15 SCDSS filed an Article 10 petition against the mother. The SC remained hospitalized until her death on 11/3/15. The mother was discharged on 11/4/16 from the hospital due to a technical error in paperwork. Following her discharge the mother's whereabouts have remained unknown. On 11/16/15 SCDSS withdrew the Article 10 petition since there surviving siblings.

On 12/26/15, SCDSS determined the report to be indicated. The allegations of IG and PD/AM were substantiated against the mother. The Physicians had determined that the mother's drug use caused the pre-mature delivery of the SC. The case was closed with no services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on



the:

- o 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

Explain:

There are no issues and concerns with the investigation.

Was the decision to close the case appropriate? Yes

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

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

Explain:

The mother's whereabouts were unknown and there were no surviving siblings. OCFS agrees with the closure of the case.

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: 11/03/2015

Time of Death: 02:40 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? No

Did EMS to 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

Is the caretaker listed in the Household



Composition? No

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

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	13 Day(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)

LDSS Response

SCDSS had an open CPS investigation at the time of the SC's death. It was reported that as a result of the mother's drug use the child was born prematurely and was extremely underdeveloped. Prior to the child's death SCDSS had obtained information from the hospital surrounding the birth of the SC and the mother's mental health condition. The SC was born at 24 weeks of gestation and was not expected to survive. Hospital staff did not believe that the mother was able to consent to or make necessary decisions for herself or the SC due to her mental health condition at the time. SCDSS met with the mother in the hospital and learned that there were no surviving siblings and that this was her first pregnancy. The mother did not want to have this child but stated that she missed the opportunity to have an abortion. SCDSS confirmed that the mother had no other children through her mental health counselor and the hospital. On 10/27/15 SCDSS went to Family Court and obtained custody of the child. The mother was hospitalized and not present. The 1022 hearing was adjourned to 11/16/15 for the mother to appear and SCDSS files an Article 10 petition on 10/30/15. The petition cited the mother's drug use during her pregnancy resulting in a premature birth and the mother's inability to care for the child due mental health concerns and the lack of housing and provisions to care for the child. On 11/3/15, the SC passed away due to extreme prematurity and severe respiratory failure. The mother refused an autopsy.

The hospital and SCDSS allowed the mother to see the SC prior to the death of the SC. The hospital attempted to keep the mother hospitalized in-voluntarily but because of a technical error the hospital was unable to retain the mother. The mother was discharged on 11/4/15. The mother refused all services including substance abuse treatment and mental health hospitalization. Upon her release from the hospital the mother could not be located and her whereabouts remained unknown.

On 11/4, 11/5 and 11/6/15 SCDSS CPS made attempts to locate the mother by phone but was unsuccessful. SCDSS had no address for the mother. SCDSS contacted the mother's alleged boyfriend but he had not had contact with the mother since she left the hospital. SCDSS arranged for a burial of the SC. Attempts were made to notify the mother of the arrangements so she could be present. On 11/12/15, SCDSS contacted the reported boyfriend who stated that the mother was aware of the SC's death. He reported the mother had returned to prostituting and smoking crack. The SCDSS worker requested the boyfriend to share the burial arrangements with her so she could attend. The mother was not present for the service. On 11/16/15, SCDSS withdrew the abuse and neglect petition against the mother as the SC had passed and there were no surviving siblings.



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On 12/2/15, SCDSS spoke with the mother on her cell phone. SCDSS offered to transport the mother to the cemetery to show her where the SC was buried. The mother agreed but did not show. The SCDSS followed up with the mother by phone. The mother stated she would not be going to the cemetery nor would she utilize any of the offered services. SCDSS was unable to have any additional contact with the mother nor were they able to locate her.

On 12/26/15 SCDSS determined the report to be indicated. The allegations of IG and PD/AM were substantiated. The basis for the determination was the mother's drug use which resulted in the premature birth of the subject child. The case was closed with no services. The mother's whereabouts remain unknown.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: There was no fatality review meeting. The subject child was born prematurely and never left the hospital. There are no surviving siblings.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
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				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"/>

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 SCDSS obtained a 1022 removal of the subject child placing the child in the care and custody of SCDSS. However, the child remained hospitalized from her birth until her death and was never discharged.



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? N/A

Explain: There were no surviving siblings

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

Explain: The mother left the hospital and her whereabouts are unknown. She did not have a physical address and was homeless.

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? Yes
Was the child ever placed outside of the home prior to the death? Yes
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 fetal alcohol effects or syndrome
With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Table with 6 columns: Date of SCR Report, Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Status/Outcome, Compliance Issue(s). Contains two rows of data for the date 10/21/2015.



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Female, 1 Days	Female, 29 Years	Alcohol Misuse	
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Report Summary:

The SCR report stated the mother had not received pre-natal care and the SC was born with a positive toxicology for cocaine. The report added that the mother had mental health issues and there is a concern for her ability to care for the subject child .

Determination: Indicated**Date of Determination:** 12/26/2015**Basis for Determination:**

SCDSS substantiated the allegations of PD/AM and IG against the mother. The mother tested positive for Crack/Cocaine during delivery and the child was born with a positive toxicology. The mother received no prenatal care. The mother had mental health issues and did not have the mental capacity to make decisions for the subject child not did she have proper housing or equipment to care for the infant. The mother refused assistance from the agency and did not want to care for the subject child. The mother left the hospital can could not be located after that.

OCFS Review Results:

OCFS found the investigation to be adequate and the determination to be appropriate.

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

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

There is no known CPS History more than three years prior to the death.

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**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.

Casework Contacts



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	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/30/2016	There was not a fact finding	There was not a disposition
Respondent:	027141 Mother Female 29 Year(s)	
Comments:	A 1022 petition for removal was filed on 10/23/15 which resulted in SCDSS obtaining temporary custody on 10/27/15. The article 10 petition was filed on 10/30/15 but was withdrawn on 11/16/15 as the SC passed away. There were no and there were no surviving children and the mother's whereabouts were unknown.	

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