



**Report Identification Number: AL-22-005**

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

**Issue Date: Aug 08, 2022**

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

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

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

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

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

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

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

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



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Schenectady  
**Gender:** Male

**Date of Death:** 02/27/2022  
**Initial Date OCFS Notified:** 02/27/2022

## Presenting Information

Schenectady County Department of Social Services (SCDSS) received a report alleging on the morning of 2/27/22, at approximately 4:00AM, the mother and father woke to feed the 2-month-old subject child. Either before or after being fed, the mother administered acetaminophen to the subject child for an unknown reason. The child was then placed to sleep in the same bed as the mother. There were pillows in the bed placed in an "L" shape. One pillow on the side between the subject child and the wall and one pillow between the subject child and foot of the bed. At an unknown time, the subject child was found not breathing. At 8:31AM, the father called 911. Upon arrival of emergency medical services, the subject child was already deceased. The parents did not have an explanation for the child's death.

## Executive Summary

This report concerns the death of the 2-month-old male subject child that occurred on 2/27/22. At the time of the subject child's death, he resided at home with his mother, father, and an unrelated adult. A 14-year-old half-sibling resided out of state, had limited contact with the father, had never been to visit the family in New York, and was unaware of the existence of the subject child.

The investigation revealed the mother ran errands during the day on 2/26/22 and brought the subject child with her. The mother reported the child typically slept on and off throughout the day, but only slept for approximately two hours on 2/26/22. The parents reported the child was warm to the touch so they supplied a child's dose of Tylenol, though did not check to see if he had a fever. The mother fed the child around 10:00PM and he fell asleep in the parents' queen-sized bed. Around 3:00AM, the subject child woke and appeared fussy. The mother attempted to give the child a bottle, but he ate only a small portion. The mother and subject child fell asleep in her bed around 4:00AM. The father was asleep in the next room. Sometime around 8:00AM, the father checked on the subject child and found him to be cold, stiff, and unresponsive. The father called 911 and attempted CPR at the direction of the 911 operator. First responders arrived on scene, contacted the hospital, and the hospital physician called the time of death at 8:44AM.

The final autopsy report was received and revealed the manner of death to be natural and the cause of death to be sudden infant death syndrome. The autopsy indicated a positive toxicology for ethanol. SCDSS had a conversation with the medical examiner, who reported the positive ethanol screening was a result of the Tylenol that was given to the child prior to his death.

SCDSS offered the parents information on grief and mental health counseling, but referrals were declined. SCDSS spoke with family members and collateral sources, which included law enforcement, medical staff, and the medical examiner. SCDSS found no credible evidence to substantiate the allegations of IG and DOA/Fatality against the parents regarding the subject child. The medical examiner declared the death to be sudden infant death syndrome and did not attribute the death to an unsafe sleep environment. After review of the policy guidance on unsafe sleep outlined in LCM 13-OCFS-LCM-01, SCDSS determined there were no aggravating factors that may have played a role in the child's death. There were pillows under the window reportedly to keep the subject child warm, but SCDSS determined they did not impact the subject child as they were not placed near him. No further service needs were identified, and the investigation closed after all casework activity was complete. SCDSS conducted a thorough investigation in accordance with multidisciplinary standards and recorded casework activity and required assessments timely and accurately.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

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

### 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:

SCDSS investigated the circumstances surrounding the child's death and the case was appropriately closed.

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:

Casework was commensurate with case circumstances. SCDSS appropriately unsubstantiated the allegations given the facts and circumstances of the investigation.

### 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: 02/27/2022

Time of Death: 08:44 AM

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

County where fatality incident occurred: Schenectady

Was 911 or local emergency number called? Yes

Time of Call: 08:31 AM

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:



# Child Fatality Report

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- Distracted
- Asleep

- Absent
- 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	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	65 Year(s)

### LDSS Response

On 2/27/22, SCDSS received the SCR fatality report regarding the subject child. Upon receipt of the fatality report, SCDSS initiated their investigation within 24 hours and coordinated efforts with their MDT. SCDSS reviewed CPS history which revealed that neither the parents, subject child, nor the unrelated adult residing in the home were known to the system.

SCDSS interviewed the parents at the police station immediately upon receipt of the report on 2/27/22. The mother and father reported the child regularly slept in the mother's queen-sized bed with her, while the father slept in an adjacent room. The mother fed the subject child between 9:30PM and 10:00PM on 2/26/22, and the child fell asleep shortly thereafter. The mother woke around 3:00AM to feed the child. The child was awake and moving around but only drank a small amount. The mother brought the child to the father and went to use the bathroom. Around 4:00AM, the mother retrieved the child from the father and asked that he come to her room and get the child in approximately one hour so she could sleep. The mother reported she laid the subject child perpendicular to her on the bed and both fell asleep. Around 8:00AM, the father checked on the subject child and found he was unresponsive. The father called 911 and attempted CPR at the direction of the 911 operator. The father reported that the child was too stiff to perform CPR. The parents reported they had a bassinet for the subject child, but he had thrown up in the bassinet in the past and they thought it was safer for the child to stay in bed with the mother to keep track of if the child vomited.

Records from first responders revealed the child was deceased upon arrival. Responders observed the child's stomach to be fully distended, his limbs were still, and pooling of blood was apparent. Leads were connected to the child's extremities to measure blood flow and heart rhythm and the systolic line was flat. No chest compressions were done. First responders called the hospital and informed the physician of their findings. The hospital physician called the time of death at 8:44AM.



Medical records revealed the subject child had medical complications and was admitted to the NICU for one month and three days following birth. Records from the pediatrician were reviewed and reflected the child was seen regularly and prescribed several medications, including Tylenol "for pain or fever."

Law enforcement advised SCDSS of their interviews with the family. Law enforcement corroborated the parents' account of the incident and determined there was no criminality or foul play suspected in the death and closed their investigation. The appropriate fatality-related services were offered, and the case was closed upon sufficiently gathering information to determine the investigation.

### 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:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** SCDSS adhered to previously approved protocols for joint investigations by coordinating efforts with Law Enforcement and notifying the DA's office of the death.

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** There is no OCFS approved Child Fatality Review Team in Schenectady County.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060527 - Deceased Child, Male, 2 Mons	060528 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
060527 - Deceased Child, Male, 2 Mons	060528 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
060527 - Deceased Child, Male, 2 Mons	060529 - Father, Male, 41 Year(s)	DOA / Fatality	Unsubstantiated
060527 - Deceased Child, Male, 2 Mons	060529 - Father, Male, 41 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information:**

All relevant collateral sources were interviewed. Progress notes were entered contemporaneous to their event dates.

**Fatality Safety Assessment Activities**

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

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



<b>Domestic Violence Services</b>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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 offered community-based resources to the parents related to grief and mental health counseling as well as information on burial assistance. The family denied a need for services.

**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 siblings or other children in the home.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** Yes

**Explain:**  
 SCDSS provided community-based resources to the family related to grief and mental health counseling following the death.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** N/A
- Was the child acutely ill during the two weeks before death?** No

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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



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

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

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

There was no CPS investigative history more than three years prior to the fatality.

## Known CPS History Outside of NYS

There was no known history outside of New York State.

## Legal History Within Three Years Prior to the Fatality

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

## Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes?  Yes  No

Are there any recommended prevention activities resulting from the review?  Yes  No