



**Report Identification Number: AL-21-022**

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

**Issue Date: Mar 14, 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

<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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 month(s)

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

**Date of Death:** 09/22/2021  
**Initial Date OCFS Notified:** 09/22/2021

## Presenting Information

An SCR report alleged that on 9/22/21, the mother put the 8-month-old subject child down for a nap at approximately 5:30PM. The mother checked on the child and removed a pacifier from the child's mouth. The child was still alive at that time. The mother went outside to smoke a cigarette. During that time, the mother's friend arrived at the home and went to check on the child. The mother's friend noticed the child was not breathing and had blood around her mouth. The friend picked the child up and brought her outside to where the mother was. The mother, the friend, and several bystanders attempted to perform cardiopulmonary resuscitation. Law enforcement was called at 5:45PM. After waiting for a period of time, the mother left to take the child to the hospital on her own. Upon arrival at the hospital, resuscitation efforts were unsuccessful and the child was pronounced deceased. The child was otherwise healthy and the mother had no explanation for the death.

## Executive Summary

On 9/22/21, the Albany County Department for Children, Youth and Families (ACDCYF) received an SCR report regarding the death of the 8-month-old female child that occurred on the same day. At the time of the child's death, she resided with her mother, grandmother, 5-year-old sibling and 7-year-old sibling. The father resided outside of the home and visited with the child. The father had two other children who resided with their mother. The siblings were assessed to be safe with their parents.

ACDCYF conducted a joint investigation with law enforcement to gather information regarding the fatality. It was learned on 9/22/21, the child was home with the mother and siblings. The mother placed the child down for a nap on her back, on the mother's queen-sized bed. The mother went outside to smoke a cigarette. While the mother was outside, a friend came to the home to visit. At the mother's request, the friend checked on the child, who returned outside and reported no concerns. The mother and friend then heard the siblings screaming and the friend went to check on the children and discovered the subject child on the mother's bed unresponsive. The friend ran the child outside to the mother. A neighbor initiated CPR and a bystander called 911. The mother was informed by 911 dispatch that emergency services were occupied with other calls and unable to immediately assist. A bystander transported the child and mother to the hospital, where the child was pronounced deceased.

An autopsy was performed and the preliminary results did not show any indicators of physical abuse or maltreatment. The preliminary cause of death was accidental positional asphyxia from entrapment in adult sized bedding material. The official cause and manner of death were pending the toxicology report. At the time the report was written, there had been no criminal charges filed related to the child's death.

ACDCYF had not yet determined the allegations at the time this report was written. ACDCYF offered the mother, father, grandmother, and siblings grief counseling services and provided the mother with information on burial assistance. ACDCYF referred the mother to voluntary prevention services to assist the mother with the initiation of mental health services, assist with housing, and provide parenting education. The mother initially agreed to engage; however, she later declined to further participate and her services case was closed on 12/30/21.

### PIP Requirement

For citations identified in historical cases, ACDCYF will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ACDCYF has taken, or will take, to address the cited issue(s). For



issues where a PIP is currently implemented, ACDCYF will review the plan and revise as needed to address ongoing concerns.

## 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

The CPS investigation had not yet been determined at the time this report was written.

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:

There were several detailed supervisory consultations documented throughout the investigation. Casework activity was commensurate with case circumstances.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 09/22/2021

Time of Death: 06:13 PM

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

05:00 PM



**County where fatality incident occurred:** Albany

**Was 911 or local emergency number called?** Yes

**Time of Call:** 05:40 PM

**Did EMS respond to the scene?** No

**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

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

**How long before incident was the child last seen by caretaker?** 40 Minutes

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

**At time of incident supervisor was:**

Distracted  Absent

Asleep  Other: **Outside smoking a cigarette**

**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	8 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	58 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Father	No Role	Male	32 Year(s)
Other Household 2	Other Adult - Father of the siblings	No Role	Male	29 Year(s)

### LDSS Response

Upon receipt of the SCR report on 9/22/21, ACDCYF initiated their investigation and coordinated efforts with LE, sent notification to the ME and DA and gathered information from first responders. ACDCYF assessed the safety of the SSs, interviewed the parents and spoke to collaterals.

ACDCYF and LE completed a joint interview with the SM. The SM reported the SC typically slept in a crib in her room; however, the night prior to the death the SM was cleaning the floors and had placed various items in the SC's crib. On the day of the fatality, at approximately 9:30AM, the SM bottle fed the SC and took a nap in the SM's bed with her. The SM woke up and cleaned the house. The SC was on the SM's bed, dancing and clapping along to the SM's music as she cleaned. The SM stated she also had the SC do tummy time. Throughout the remainder of the day, the SM fed the SC another bottle, placed her down for another nap in the SM's bed, and watched television with her. At approximately 5:00PM, the SC fell asleep, and the SM went outside to smoke a cigarette. The SM's friend arrived, and the SM asked the



friend to check on the SC. The friend came back outside and said the SC was fine. The SM and friend stayed outside until the SSs began screaming the SC's name. The friend went to check on the children and returned outside with the SC, who was unresponsive. A neighbor began CPR on the SC and 911 was called. The SM reported 911 dispatch told her they were busy, and it could take a while for emergency services to arrive. An unknown woman arrived to the scene and offered to drive the SM and SC to the hospital. An unknown male in the car performed CPR on route to the hospital. On the way, they saw a LE officer, who assisted with CPR and then escorted the vehicle with the SC to the hospital. Life saving measures continued at the hospital, but were unsuccessful and the SC was pronounced deceased.

ACDCYF interviewed the SSs. The 7yo reported that prior to the SC being discovered unresponsive, she was on the floor of the SM's bedroom playing a game on a cell phone. The SC was sleeping on the SM's bed. The SM went outside, and the SS checked on the SC. The SS noticed the SC was lying on her side and her nose was bleeding. The SS picked up the SC and her head and arms began to hang. The SS stated she began to cry very loud, and the SM's friend came to check on her and brought the SC outside to the SM. The 7yo reported there was a blanket beside the SC and a pillow on the bed, but the SC's face was not near the pillow. The 5yo reported that she went into the bedroom and saw the SC and began to cry. The SM's friend reported when she went to check on the SSs screaming, she observed 7yo SS picking the SC up off a pillow and the SC was limp with no color.

The MGM was interviewed and reported she was at work when the fatality occurred. The MGM stated prior to the death, the SC was well, was sitting up independently, rolling over and was working on crawling. The MGM reported no concerns for the SM's care of the SC. The BF was interviewed and reported no concerns about the SM's care of the CHN, but had concerns for the SM's MH.

ACDCYF interviewed the officer whom the family encountered on route to the hospital. He confirmed he was approached by the SM, who was yelling the SC was not breathing. The officer performed infant CPR and demonstrated it to the family. The officer reported EMS had not yet responded so he escorted the family to the hospital. The officer reported no concerns for the SM being impaired. ACDCYF requested information from the pediatrician, who reported that the CHN were behind on physicals and were in need of immunizations. The SM was referred to developmental pediatrics for the SC; however, she missed the appointment and did not reschedule. ACDCYF sent written notice to the SM regarding the SSs being behind with their medical appointments. There were concerns for the SSs' enrollment in school, which were addressed by ACDCYF.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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 referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** ACDCYF referred the fatality to their OCFS approved Child Fatality Review Team. The fatality was reviewed on 9/27/21.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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# Child Fatality Report

059545 - Deceased Child, Female, 8 Mons	059558 - Mother, Female, 24 Year(s)	DOA / Fatality	Pending
059545 - Deceased Child, Female, 8 Mons	059558 - 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>
<b>Explain:</b> The Risk Assessment Profile had not yet been completed at the time this report was written.				

### 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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 Following the fatality, the SM initially agreed to a voluntary preventive services case in order to assist her with parenting skills, grief counseling, housing services, and enrollment of the siblings in school. Upon prevention's initial contact with the SM, she reported that she no longer wanted preventive services and the case was closed on 12/30/21. The MGM was a support for the family.

**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? Yes**

**Explain:**  
 The mother was provided with information on grief counseling services for the siblings.

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

**Explain:**  
 The mother and father were provided with information on grief counseling services and burial assistance.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

- During pregnancy, mother:**
- Had medical complications / infections
  - Had heavy alcohol use
  - Misused over-the-counter or prescription drugs
  - Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/16/2021	Deceased Child, Female, 1 Days	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

**Report Summary:**

An SCR report alleged that on 1/15/21, the mother gave birth to the subject child. The mother tested positive for marijuana at the time of delivery.

**Report Determination:** Unfounded

**Date of Determination:** 08/25/2021

**Basis for Determination:**

ACDCYF determined there was no credible evidence to substantiate the allegation against the mother and the case was unfounded and closed. While the parents admitted to use of marijuana there was no impact on the child. ACDCYF met with the family to address allegations in the report. The mother admitted to smoking marijuana due to having difficulty with her appetite during the pregnancy. The father admitted to smoking marijuana as well, but also not in the presence of the children. ACDCYF discussed the need for a sober caretaker and safe sleep with the parents.

**OCFS Review Results:**

ACDCYF initiated the investigation within 24 hours of receipt of the SCR report and assessed the SC and SSs' safety. ACDCYF discussed the SM's substance misuse with her, but did not document that a Plan of Safe Care was completed. The SC was born with a low birth weight and hospitalized. ACDCYF observed a safe sleep environment for the SC and had the SM sign a safe sleep checklist. The SC did not attend their 6-month well child exam and pediatrician reported concerns for developmental delays. It was recommended the SC be seen by a developmental pediatrician and it was unknown if this occurred. ACDCFY did not document any attempted contact with the family between 2/10/21 and 7/30/21.

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

**Issue:**

Failure to complete, document, and monitor a Plan of Safe Care

**Summary:**

ACDCYF discussed the mother and father's substance use and the need for a sober caretaker; however, did not document that a Plan of Safe Care was completed.

**Legal Reference:**

17-OCFS-LCM-03 & 18-OCFS-LCM-06

**Action:**

ACDCYF will complete, document & monitor a plan of safe care that specifically addresses the child(ren) affected by substance abuse and the affected caregiver. ACDCYF will complete the required form (OCFS-2196 Plan of Safe Care), when developing and documenting the Plan of Safe Care with the family.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP indicated that the subject child tested positive for marijuana at birth; however, the record did not reflect that ACDCYF received information that the child's toxicology returned positive for marijuana.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

ACDCYF will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/24/2020	Sibling, Female, 6 Years	Mother, Female, 23 Years	Educational Neglect	Unsubstantiated	Yes
	Sibling, Female, 6 Years	Father, Male, 28 Years	Educational Neglect	Unsubstantiated	

**Report Summary:**

An SCR report alleged that the 7-year-old sibling missed 49 days of the 2020-2021 school year and was failing as a result. The mother and father were aware but failed to adequately address the issue.

**Report Determination:** Unfounded

**Date of Determination:** 08/25/2021

**Basis for Determination:**

ACDCYF determined there was no credible evidence to indicate the SCR report. ACDCYF interviewed the family and collaterals and found that the Covid-19 pandemic created multiple obstacles for the family. The mother's job responsibilities required her to be on her computer and she was unable to assist the sibling with their virtual schooling. ACDCYF determined that the sibling was promoted to the next academic grade, thus showing no impact on her education.

**OCFS Review Results:**

ACDCYF initiated the investigation within 24 hours of receipt of the SCR report. ACDCYF contacted the source, completed a CPS history check, provided written notice of the report, completed several home visits, and completed all assessments within required time frames and with accurate information. ACDCYF determined that the mother worked from home and had limited ability to assist the sibling with her virtual learning. The sibling was advanced to the next grade level. The SC was born during the investigation and was not added to the case. Although it was not documented that safe sleep guidance was provided, there was a concurrent investigation, in which it was reviewed and provided.

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

**Issue:**

A child was born during an open CPS investigation and not added to the report

**Summary:**

The subject child was born during the CPS investigation on 1/15/21 and the record did not reflect she was added to the SCR report.

**Legal Reference:**

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

**Action:**

ACDCYF is required to obtain the name, age, and condition of other children in the home. ACDCYF will add all appropriate household members to open investigations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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10/15/2019	Sibling, Female, 5 Years	Grandparent, Female, 56 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 5 Years	Grandparent, Female, 56 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 4 Years	Grandparent, Female, 56 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Grandparent, Female, 56 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 27 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Father, Male, 27 Years	Lack of Supervision	Unsubstantiated	
Sibling, Female, 4 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated		

**Report Summary:**

An SCR report alleged that on a daily basis, the SM and BF used marijuana and various pills, including ecstasy and molly, to the point of impairment while caring for the SSs. While impaired, the parents got into physical altercations with one another in the presence of the SSs. On one occasion, the BF broke the SM's jaw. The SSs were not harmed during the altercations. The report alleged that the BF sold drugs out of the home in the presence of the SSs. The SM and MGM were aware and they failed to adequately address the situation. The SM, BF and MGM left the SSs alone for extended periods of time and they were not capable of being left unsupervised.

**Report Determination:** Unfounded

**Date of Determination:** 05/21/2020

**Basis for Determination:**

ACDCYF determined there was lack of credible evidence to substantiate the allegations of IG, LS and PD/AM against the SM, BF and MGM. During ACDCYF's interviews with the parents, they denied physical violence with each other, but confirmed they had a toxic relationship and planned to no longer live together. The parents denied any substance use around the SSs or being involved in drug sales. There were no signs of drug paraphernalia at the home, and the parents



were observed to be sober. The SS reported they felt safe at home and did not appear frightened. Attempts to interview the MGM were unsuccessful. According to information obtained from the SM, the MGM was not a PLR.

**OCFS Review Results:**

Within 24-hours of receipt of the SCR report, ACDCYF completed a CPS history check, conducted a home visit, interviewed the mother and father and attempted to engage the siblings in an interview. ACDCYF did not document any attempted contact with the family or collaterals between 10/16/19 and 5/14/20. ACDCYF learned the sibling was not up to date on medical appointments, and notified the mother in writing. ACDCYF documented attempted phone calls with the grandmother on 5/14/20 and 5/19/20 to no avail. The mother was provided information regarding domestic violence services. It was not documented that notification of existence letters were provided.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The record did not reflect that the mother, father and grandmother were notified of the SCR report in writing.

**Legal Reference:**

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

**Action:**

ACDCYF will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

**PIP Requirement:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. ACDCYF will continue to work on this issue and revise their current PIP if deemed necessary.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

ACDCYF did not document any attempted casework or collateral contact between 10/15/19 and 5/14/20. Although attempted phone calls were made to the mother prior to case closure on 5/21/20, ACDCYF was provided with the mother's new address and did not document attempts to assess the siblings' safety at case closure.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

Prior to making a determination the investigation shall include, but not be limited to, an assessment of the current safety and the risk of future abuse and maltreatment to the child(ren) in the home and documenting such assessment in the form and manner provided by OCFS.

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

In 2015, the mother had an unfounded CPS investigation in regard to mother testing positive for marijuana at the time of the 5-year-old sibling's birth.

In 2015, the father of the siblings had an unfounded CPS investigation. The SCR report was in regard to concerns that the siblings' father punched the mother in the jaw in the presence of the 7-year-old sibling, causing the mother to have a broken jaw which required surgery.

In 2018, there was an unfounded CPS investigation regarding the siblings against the mother and the siblings' father. The



SCR report alleged that the siblings' father broke the mother's jaw while she was holding the 7-year-old sibling. It was also noted that the father choked mother until she was unable to breathe. There were also concerns about the siblings being left unsupervised.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Legal History Within Three Years Prior to the Fatality

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

### Additional Local District Comments

Albany Administrative team will hold training for supervisors and supervisors will provide such to their workers regarding the following topics identified;

- Plan of Safe Care
- Adequacy of Risk Assessments
- Adding appropriate Household Members to Case Composition
- Providing Notification Reports
- Pre-Determination/Assessment of Current Safety Risk

### 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