



Report Identification Number: AL-18-027

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

Issue Date: Apr 18, 2019

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

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

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

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

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

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

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

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



Abbreviations

| 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 | | |



Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Albany
Gender: Female

Date of Death: 10/23/2018
Initial Date OCFS Notified: 10/24/2018

Presenting Information

An SCR report was received and alleged that on 10/23/18, around 6:40PM, the mother and father were home alone with the children, when the father put the 17-month-old female toddler down for a nap in her crib. The toddler had been asleep for approximately one hour when the mother heard a loud noise come from the room where the toddler was sleeping. The mother entered the room to find the father administering CPR to the toddler, who was in her crib and unresponsive. The mother contacted emergency services, who were unable to resuscitate her. The toddler was pronounced dead at 7:42PM. The child was an otherwise healthy child with no preexisting medical conditions who died of unknown causes in the care of her parents; therefore, her unexplained death was suspicious. The surviving siblings had unknown roles.

Executive Summary

Albany County Department for Children Youth and Families (ACDCYF) received an SCR report and two duplicate reports about the death of the 17-month-old female toddler on 10/23/18. There was an open investigation due to a prior report on 4/4/18.

The father told ACDCYF that he fed the toddler a bottle and put her down for a nap at 3:00PM on 10/23/18. The mother left the home to pick the 4yo surviving sibling up at school and returned home at 5:00PM. The 3yo surviving sibling came home from school prior to the mother arriving home. The father checked on the toddler; she was in her crib on her stomach with her head turned to the side. When he picked the toddler up she was not responding and he began CPR. The mother entered the room, took the toddler from the father and called 911. The mother said she put her in the car and called 911 again. They instructed her to go to the fire department near the home. The mother went to the fire department and they started working on the toddler until EMS arrived and took her to the hospital. The SC was pronounced deceased at 6:40PM.

The ME's final autopsy report listed the cause of death was due to aspiration of gastric content and diffuse pulmonary edema. The manner of death was accidental. There were no arrests.

ACDCYF interviewed the parents about the events leading up to the SC's death. The SS were home at the time of the incident. The parent's statements were consistent.

ACDCYF went to the relative's home where the family was staying temporarily, to assess the safety of the surviving siblings. There were no noted safety concerns for the surviving siblings. ACDCYF interviewed the parents, family members and collateral contacts who were able to provide information about the safety of the children. ACDCYF requested and reviewed all pertinent medical records of the toddler as well as the surviving siblings. There were no noted concerns for the care of the toddler or the surviving siblings. All safety and risk assessments were done correctly and on time. ACDCYF completed the required reports timely and accurately. ACDCYF offered information regarding burial assistance and referrals for bereavement services.

On 2/7/2019, the allegations for DOA/Fatality and IG against the parents for the toddler were unsubstantiated. There was no credible evidence that the death of the toddler was caused by anything the parents did or failed to do. According to the medical examiner the toddler died from choking on her own vomit while she slept. The family was referred to bereavement services. There were no other noted concerns for the care of the surviving siblings. Follow up visits were



conducted by ACDCYF prior to closing the case. The case was unfounded and closed. The case that was open at the time of the toddler's death was also unfounded and closed.

PIP Requirement

For issues identified in the historical case, 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?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? 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:

n/a

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: 10/23/2018

Time of Death: 07:42 PM

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

Unknown

County where fatality incident occurred:

Albany

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

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? 2 Hours

At time of incident supervisor was: Not impaired.

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 | 17 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 29 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 24 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 4 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 3 Year(s) |

LDSS Response

On 10/23/18, ACDCYF received the fatality report from the SCR, initiated their investigation within 24 hours and coordinated efforts with LE. ACDCYF contacted the sources of the reports, completed a CPS history check, and notified the ME and DA of the death. There was an open CPS investigation involving the family, with allegations unrelated to the fatality. The surviving siblings were assessed and there were no noted safety concerns.

On 10/24/18, ACDCYF and LE went to the relative's home where the parents and the surviving siblings were staying temporarily. ACDCYF interviewed the parents separately and the parents' statements were consistent. The father said he had fed the toddler a bottle and put her down for a nap at 3:00PM in her crib. The father said the mother was home at the time but left shortly after to pick up the 4yo surviving sibling from school. The father said while the mother was out, the 3yo surviving sibling arrived home from school. The father said the mother arrived home at 5:00PM with the 4yo surviving sibling. The father said he went to wake the toddler and found her on her stomach in the crib with her face turned to the side. The father said he picked the toddler up and she was unresponsive. The father said he started CPR and the



mother entered the room and took the toddler from him. The mother called 911 and put the toddler in the car. The mother said after she put the toddler in the car and started driving to the hospital she called 911 again and they told her to stop at the fire house in the area. The mother went to the fire house and they took the toddler from her and began CPR until EMS arrived. EMS transported the toddler to the hospital. The mother said LE took her to the hospital and the father was with surviving siblings. The parents were questioned about drug and alcohol use and they denied any misuse.

ACDCYF observed the relative's home and the children, and there were no noted safety concerns. ACDCYF made follow up home visits to the parents' home and there were no noted safety concerns for the care of the surviving siblings.

ACDCYF obtained information from LE, the ME, EMS, medical records from the hospital, and the children's pediatrician. The children's pediatric records noted no concerns. ACDCYF spoke with family members and the surviving siblings schools, and they had no concerns for the care of the surviving siblings. The 4yo surviving sibling was interviewed and observed. ACDCYF attempted to interview the 3yo surviving sibling but due to his age and developmental delays they were not successful. ACDCYF offered the parents referrals for bereavement services and burial assistance.

Official Manner and Cause of Death

Official Manner: Accident

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

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

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--|-------------------------------------|-------------------------|--------------------|
| 049453 - Sibling, Male, 3 Year(s) | 049450 - Father, Male, 29 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 049453 - Sibling, Male, 3 Year(s) | 049449 - Mother, Female, 24 Year(s) | Internal Injuries | Unsubstantiated |
| 049453 - Sibling, Male, 3 Year(s) | 049449 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 049453 - Sibling, Male, 3 Year(s) | 049450 - Father, Male, 29 Year(s) | Internal Injuries | Unsubstantiated |
| 049481 - Deceased Child, Female, 17 Month(s) | 049450 - Father, Male, 29 Year(s) | DOA / Fatality | Unsubstantiated |
| 049481 - Deceased Child, Female, 17 Month(s) | 049449 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 049481 - Deceased Child, Female, 17 Month(s) | 049449 - Mother, Female, 24 Year(s) | DOA / Fatality | Unsubstantiated |
| 049481 - Deceased Child, Female, 17 Month(s) | 049450 - Father, Male, 29 Year(s) | Inadequate Guardianship | Unsubstantiated |

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 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 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"/> |

Explain:
 ACDCYF provided the family with referrals for grief counseling and assisted the family with an application to help with burial costs for the toddler. The parents told ACDCYF they were in grief counseling at the time of the case closing. There were no further services needed.

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"/> |

Explain as necessary:
 The children were not removed from their parents.

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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |



Child Fatality Report

| | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Legal services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:

The family was already working with Early Intervention Services prior to ACDCYF involvement.

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? No

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) |
|--------------------|------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 04/04/2018 | Sibling, Male, 2 Years | Father, Male, 29 Years | Inadequate Guardianship | Unsubstantiated | Yes |
| | Sibling, Male, 2 Years | Father, Male, 29 Years | Lacerations / Bruises / Welts | Unsubstantiated | |
| | Sibling, Male, 2 Years | Father, Male, 29 Years | Lack of Medical Care | Unsubstantiated | |
| | Sibling, Male, 2 Years | Father, Male, 29 Years | Lack of Supervision | Unsubstantiated | |
| | Sibling, Male, 2 Years | Mother, Female, 23 Years | Lack of Medical Care | Unsubstantiated | |

Report Summary:

The report alleged the father was the primary caretaker of the 4yo SS, 2yo SS and the toddler. The 2yo SS was visually impaired and had become more active in the past six months prior to the report. The father was not adequately supervising the 2yo SS and as a result the SS had sustained multiple injuries. The 2yo SS attended Head-Start and received speech, physical, and occupational therapy services. The father did not bring the SS to Head-Start on a regular basis and was not allowing the service providers into the home. As a result, the 2yo SS was not getting these services on a consistent basis and was at risk of losing them. The roles of the 4yo SS and the infant were unknown.



Report Determination: Unfounded | **Date of Determination:** 02/08/2019

Basis for Determination:
ACDCYF interviewed the parents and made a home visit. The SS was an active 2yo and had sustained some bruises from playing and running into things due to his blindness. ACDCYF observed the child during a home visit and he was a very active child. ACDCYF spoke with appropriate collateral contacts who were in a position to provide information about the SS. ACDCYF spoke with the Early Intervention (EI) program and the SS was receiving speech therapy, physical therapy, and occupational therapy. Due to the SS's traumatic brain injury, a specialist went to the home once a month. The EI program said the family had been fully engaged and they had no concerns for any of the children.

OCFS Review Results:
The parents and the 4yo SS were interviewed. Due to his age and developmental delays, ACDCYF was not able to interview the 2yo SS; however, the SS was observed and his home environment was assessed. Necessary collaterals were contacted and had no concerns for the safety of the children. Notice of Existence letters were provided to the required persons. This was all done within 7 days of receipt of the report, however, there was no contact with the family or casework activity from 4/12/18 to 10/23/18 the date of the reported fatality regarding the SC. There was no documented history check. Numerous notes were entered two months after the case initiation date.

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

Issue:
Timely/Adequate Case Recording/Progress Notes
Summary:
Numerous progress notes were entered were entered 2 months after their event date.
Legal Reference:
18 NYCRR 428.5
Action:
All progress notes will be entered as contemporaneously as possible to their event dates.

Issue:
Review of CPS History
Summary:
There was no documentation in the connections case record of a CPS history check for the family within the required time frame as per regulation.
Legal Reference:
18 NYCRR 432.2(b)(3)(i)
Action:
Within one business day, LDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|-------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 02/26/2016 | Sibling, Male, 4 Months | Mother, Female, 21 Years | Inadequate Guardianship | Unsubstantiated | No |
| | Sibling, Male, 4 Months | Father, Male, 26 Years | Inadequate Guardianship | Unsubstantiated | |

Report Summary:
The report alleged the surviving sibling presented with a fever along with seizures and was admitted to the hospital. The child remained in the hospital and after further testing, it was learned the child had an unexplained lack of oxygen to his



brain. This was suspicious in nature. The parents were the sole caretakers to the child at the time. The SS had an unknown role.

Report Determination: Unfounded

Date of Determination: 04/06/2016

Basis for Determination:

ACDCYF unsubstantiated the allegations of IG against the parents for the surviving sibling. Based on interviews and medical documentation obtained there was no credible evidence to support the allegations. The surviving siblings were up date to on routine medical care and there were no noted concerns for their care. ACDCYF spoke with medical professionals who could not attest to with a certainty to the fact that there was any abuse/maltreatment of the surviving sibling. The parents were already working with Early Intervention Services for the surviving sibling. The case was UNF and closed with no further services required.

OCFS Review Results:

OCFS found that ACDCYF made the appropriate determination based on the information gathered during the investigation.

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

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

SCR report received on 1/06/14 with allegations of IG and PD/AM against father for the SS. The allegations were Unsub. The case was UNF and closed on 3/12/14.

SCR report received on 3/04/14, with allegations of LMC, PD/AM and IG against the parents for the SS. The allegations were Unsub and the case closed on 3/19/14.

Known CPS History Outside of NYS

There was no known 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

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