



## Report Identification Number: AL-19-018

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

Issue Date: Oct 10, 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:** 10 day(s)

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

**Date of Death:** 06/08/2019  
**Initial Date OCFS Notified:** 06/08/2019

## Presenting Information

An SCR report was received on 6/8/19, which alleged the 10-day-old infant died while in the care of her mother and father. At an unknown time, the mother attempted to feed the infant; however, the infant was not eating. The mother then observed blood coming from the infant's nose. At the time of the observation, the infant was unresponsive. The mother and father called a taxi and brought the infant to the hospital at 12PM on the same date. Upon arrival, the infant was unresponsive, but it was unknown what time the infant became unresponsive. Life saving measures were administered in an attempt to resuscitate the infant, but were unsuccessful. The infant was pronounced deceased at 12:16PM on 6/8/19. The infant was an otherwise healthy child with no preexisting conditions.

## Executive Summary

On 6/8/19, Albany County Department for Children, Youth and Families (ACDCYF) received a report from the SCR about the death of a 10-day-old child that occurred on the same date. At the time of the fatality, the infant was residing at home with her mother and father. There were no siblings or other children in the home.

Through interviews, it was learned on 6/8/19 at approximately 7AM, the mother attempted to feed the infant. The infant was not feeding as was typical for that child. Around 10 or 11AM the mother attempted to feed the infant again. At that point, the mother observed the infant to be lethargic and bleeding from the nose and mouth. The mother reported panicking and calling a taxi. The father was outside at the time and got into the cab with the mother and infant. The infant was transported by taxi to Albany Medical Center. The infant was pronounced dead at the hospital at 12:16PM.

Throughout the investigation, ACDCYF made extensive efforts to interview all medical personnel and diligently documented all casework. ACDCYF spoke with all familial collateral contacts and medical personnel. ACDCYF requested and reviewed all pertinent medical records for the deceased infant and submitted said records to OCFS for review. ACDCYF discussed grief counseling, and other available resources with the family.

At the time of this writing, the final autopsy report had not yet been completed. The preliminary autopsy report showed an unforeseen medical condition as the likely cause of death.

ACDCYF unfounded the allegations of IG and DOA/Fatality against the mother and father regarding the death of the infant as there was no evidence that the death was the result of abuse or neglect and was rather the result of a medical condition. LE investigated the fatality, but no criminal charges were pursued.

## 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? Yes

**Determination:**

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

**Explain:**

ACDCYF appropriately referred the mother and father to community supports. Once the case was thoroughly investigated and the family was referred to community based services, ACDCYF appropriately closed the investigation.

Was the decision to close the case appropriate? Yes

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

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

**Explain:**

The decision to close the case was appropriate, and there was documentation of supervisory consultation throughout the case record.

**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: 06/08/2019

Time of Death: 12:16 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? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

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 | 10 Day(s)  |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 23 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 19 Year(s) |

**LDSS Response**

ACDCYF received the report from the SCR on 6/8/19 and coordinated with LE, reviewed the CPS history, and notified the DA’s office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, medical personnel, and various service providers. There were no surviving siblings or other children residing in the home.

Through interviews with the mother, it was learned the day leading up to the fatality was typical for the child. The mother fed the child at consistent intervals throughout the day. The mother noted concerns with the infant’s feeding. On the morning of 6/8/19, the mother woke at 7AM to feed the infant. The father was not home at that time, but the mother could not recall what time he left or where he had gone. The infant did not eat as well during this feeding. The mother and infant went back to sleep for a few hours. The mother woke again between 10 and 11AM to feed the infant and that is when she observed the child to be lethargic and bleeding from her ears and mouth. The mother immediately called a taxi. When asked why she did not call 911, she reported she panicked and did not know what to do. Upon arriving at the hospital, the infant was immediately rushed to the back and pronounced dead.

During the investigation, the mother moved out of the home she and the father shared, due to discord between the two following the death. The father was interviewed and said he blamed the mother for her illicit drug use during pregnancy as being a contributing factor to the death. The father did not have any information regarding the morning leading to the child’s death as he was outside of the home. The infant’s father indicated he had no children aside from the decedent.

The mother reported having a full-term pregnancy with the infant with no complications. At the time of the fatality, there was an open CPS case with concerns related to the mother and child testing positive at birth for an illicit substance. It was determined the mother’s use of the illicit substance did not have a negative impact on the infant and medical personnel determined this was not a factor in the child’s death.

In response to the fatality, ACDCYF accurately determined the allegations after conducting a thorough investigation. After the infant passed away, neither parent had any children in their care. ACDCYF completed a thorough investigation into the care and wellbeing of the infant prior to her death. ACDCYF provided the family with a multitude of community based services, but it is unknown if these services were utilized. They concluded their involvement at an appropriate time when all necessary information was gathered and services were offered.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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 |
|--|-------------------------------------|-------------------------|--------------------|
| 051193 - Deceased Child, Female, 10 Days | 051195 - Father, Male, 23 Year(s)   | Inadequate Guardianship | Unsubstantiated    |
| 051193 - Deceased Child, Female, 10 Days | 051194 - Mother, Female, 19 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 051193 - Deceased Child, Female, 10 Days | 051195 - Father, Male, 23 Year(s)   | DOA / Fatality          | Unsubstantiated    |
| 051193 - Deceased Child, Female, 10 Days | 051194 - Mother, Female, 19 Year(s) | Inadequate Guardianship | Unsubstantiated    |

## CPS Fatality Casework/Investigative Activities

|   | Yes                                 | No                       | N/A                                 | Unable to Determine      |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| All children observed?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contact with source?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input 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:

The appropriate collaterals were contacted. Due to the circumstances surrounding the death, there were no first responders as 911 was not contacted.

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

Referrals were provided to the family with regard to bereavement services. The mother was offered Equinox Services due to concerns for domestic violence, but she declined the referral.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

**Explain:**

There were no surviving siblings or other children residing in the home.

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

**Explain:**

A multitude of services and resources were offered to the family, however, the parents declined services.

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

**Infant was born:**

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

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

| Date of SCR Report | Alleged Victim(s)              | Alleged Perpetrator(s)   | Allegation(s)                 | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 05/30/2019         | Deceased Child, Female, 1 Days | Mother, Female, 19 Years | Parents Drug / Alcohol Misuse | Unsubstantiated    | Yes                 |

**Report Summary:**

An SCR report was received on 5/30/19, which alleged the mother gave birth to the subject child on 5/29/19. The mother tested positive for tetrahydrocannabinol (THC).

**Report Determination:** Unfounded

**Date of Determination:** 07/03/2019

**Basis for Determination:**

ACDCYF determined there was no credible evidence that the mother's substance abuse prior to the child's birth had an effect on the child. The infant's toxicology came back positive for THC as well. The child was healthy, and had no medical complications as a result of the mother's drug use.

**OCFS Review Results:**

ACDCYF completed timely and adequate safety assessments. ACDCYF appropriately determined the allegations given the information obtained during the investigation. ACDCYF did not complete a plan of safe care with the family despite the mother and infant having a positive toxicology at the time of birth. Additionally, ACDCYF did not accurately respond to the RAP as the infant and mother both tested positive for an illicit substance at birth, however this was not reflected in the RAP.

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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP indicated that the SM's drug use did not have a negative effect on the child, family relationships, jobs or arrests within the past two years, however the mother and infant's positive drug screens at birth caused tension between the mother and father.

**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.

**Issue:**

Failure to complete and document a Plan of Safe Care

**Summary:**

ACDCYF failed to develop, document & monitor a Plan of Safe Care to address the health and substance use disorder treatment needs of both the infant and affected caregiver despite knowledge the infant was identified as being born exposed to substances.

**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. LDSS will complete the required form (OCFS-2196 Plan of Safe Care), when developing and documenting the Plan of Safe Care with the family.

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

There is no history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There is no known history outside the state of New York.

**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