



Report Identification Number: AL-19-023

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

Issue Date: Dec 19, 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: 24 day(s)

Jurisdiction: Delaware
Gender: Female

Date of Death: 07/10/2019
Initial Date OCFS Notified: 07/16/2019

Presenting Information

On 7/11/19, the death of the 24-day-old female infant was reported to OCFS by the Delaware County Department of Social Services (DCDSS) through the required 7065 Agency Reporting Form. The infant passed away on 7/10/19 while hospitalized in the neonatal intensive care unit (NICU).

Executive Summary

On 7/11/19, DCDSS received the 24-day-old infant's hospital records and learned that she passed away on 7/10/19 at 8:50 PM. DCDSS had an open CPS investigation at the time, which was received on 6/28/19, with concerns the infant was at risk of harm since the mother had another child that was removed from her care in Texas, who was freed for adoption.

The mother was in jail when she went into premature labor with the infant on 6/14/19. She was released from jail and admitted to a hospital in Albany County. The infant was born on 6/16/19, at 23 weeks gestation. The infant suffered from serious medical complications and she was admitted to the NICU and was placed on a ventilator. The mother was homeless and temporarily lived with friends in Delaware County, then she stayed at the Ronald McDonald House in Albany County so she could visit the infant. The infant developed an infection, and despite medical intervention, she passed away in her mother's arms on 7/10/19. The father was in jail for larceny charges and hospital staff notified him of the infant's passing.

Due to the circumstances surrounding the infant's death, an autopsy was not performed, and a law enforcement investigation was not conducted.

DCDSS contacted Texas CPS and learned that the mother had a four-year-old son that was removed from her custody when that child was one. The mother surrendered her rights and the child was freed for adoption. At the time this report was written, the child remained in Foster Care in Texas and he had no contact with the mother.

The father had two other children that resided with their mother and they did not have contact with the infant. There was an order of protection against the father regarding these children and DCDSS was monitoring the children's safety through a separate open CPS case.

DCDSS thoroughly investigated the circumstances surrounding the infant's death. DCDSS unsubstantiated the allegations of the SCR report opened at the time of death as it was determined the premature birth and the death of the infant was not due to abuse or maltreatment. After the infant's death, DCDSS assisted the mother in obtaining housing at a homeless shelter. DCDSS referred the mother for mental health counseling and the case was closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:



- Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

DCDSS thoroughly investigated the infant's death and appropriately closed the case.

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework activity was commensurate with best casework practice.

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: 07/10/2019

Time of Death: 08:50 PM

Time of fatal incident, if different than time of death: 08:12 PM

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? N/A

Child's activity at time of incident:

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

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 | No Role | Female | 24 Day(s) |
| Deceased Child's Household | Mother | No Role | Female | 24 Year(s) |
| Other Household 1 | Father | No Role | Male | 22 Year(s) |

LDSS Response

Upon becoming aware of the infant's death, DCDSS notified the Albany Regional Office and submitted the required 7065 Agency Reporting Form. DCDSS contacted the mother and offered condolences, discussed her housing options and referred her for mental health counseling. When the mother had to leave Ronald McDonald House, DCDSS assisted her in obtaining housing at a homeless shelter.

DCDSS met with the father in jail prior to the infant's death. He reported the mother was visiting the infant in the hospital and he did not think the infant was going to survive. DCDSS did not speak to the father after the infant passed away.

DCDSS spoke to hospital staff who stated that the mother and infant's drug screens were negative at the time of the infant's birth. They stated that the mother in no way caused the premature labor and they had no concerns for the mother's care of the infant while she was in the NICU. They confirmed that the infant passed away from an infection and the mother was holding the infant when this occurred. DCDSS obtained and reviewed the infant's hospital records, which showed on 7/10/19, there was a concern for acute respiratory decompensation and infection. The infant did not respond to treatment and lifesaving measures were discontinued.

DCDSS contacted the necessary collaterals and determined the infant passed away from a pre-existing medical condition and not due to abuse or neglect by a caretaker.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: Delaware County does not have an OCFS-approved Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| All children observed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| When appropriate, children were interviewed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

Explain:
The death of the infant was not reported to the SCR, therefore a 24-hour safety assessment was not required. The safety of the surviving children was adequately assessed.

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"/> |



Child Fatality Report

| | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were appropriate/needed services offered in this case | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|

Explain:
The mother was provided with housing assistance and referred for mental health counseling.

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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



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

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

Explain:

The mother was provided with housing assistance and referred for mental health counseling.

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?** Yes
- Was the child acutely ill during the two weeks before death?** Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With 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) |
|--------------------|---------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 06/28/2019 | Deceased Child, Female, 12 Days | Mother, Female, 24 Years | Inadequate Guardianship | Unsubstantiated | No |

Report Summary:

An SCR report alleged the mother gave birth to the infant at 23 weeks gestation on 6/16/19 and the infant would remain in the hospital for several weeks. The mother had a child removed from her care when that child was one. That child was placed in Foster Care due to domestic violence and he was freed for adoption. There was reasonable cause to suspect the infant may be at risk of harm due to the mother's history.

Report Determination: Unfounded

Date of Determination: 09/12/2019

Basis for Determination:

The infant was born premature and was admitted to the NICU. She passed away from an infection during the



investigation. There was a lack of credible evidence that the mother caused the infant to be born premature or that she failed to meet her needs.

OCFS Review Results:

DCDSS interviewed the parents and assessed the safety of the infant. They contacted the necessary collaterals, including Texas CPS for the mother's CPS history regarding her other child. DCDSS appropriately determined the allegations and closed the case.

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

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

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

Known CPS History Outside of NYS

The mother had CPS history in Texas. Her son (now four-years-old) was removed from her custody and placed in Foster Care due to neglect. The mother surrendered her rights and the child was freed for adoption. DCDSS requested Texas CPS records and they had not been received at the time the case was closed.

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

Delaware County has reviewed the report and is in agreement with the findings of the report.

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