



Report Identification Number: AL-21-024

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

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



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Albany
Gender: Female

Date of Death: 10/03/2021
Initial Date OCFS Notified: 10/03/2021

Presenting Information

An SCR report alleged that the 4-month-old infant died on 10/3/21. The infant was last seen alive at approximately 6:00 AM by the mother. The infant was co-sleeping with the mother in the full-sized bed, with sheets, a comforter, and pillows. The mother found the infant not breathing at approximately 7:45 AM. The mother then called the father who was at work, and then subsequently called 911 at 7:48 AM. EMS, paramedics, and law enforcement arrived on scene at 7:53 AM. The infant was then transported to the hospital where she was pronounced dead. The time of death was unknown. There was no explanation as to how the infant died. The mother was responsible for the care of the infant at the time of the death. The roles of the father and the siblings were unknown.

Executive Summary

On 10/3/21, the Albany County Department for Children, Youth and Families (ACDCYF) received an SCR report regarding the death of the 4-month-old female infant. At the time of the infant’s death, she and her twin sibling resided with their father and the father’s four other children, ages 13, 11, and 5-year-old twins. The father shared custody of his 13, 11 and 5-year-old children with their mother. The mother of the infant and twin sibling resided with her five other children, ages 13, 12, 8, 7 and 1. The mother and the five siblings spent weekends at the father’s home. The mother had sole custody of the five siblings and the siblings did not have visitation with their fathers.

ACDCYF initiated their investigation timely, and they coordinated efforts with law enforcement. The investigation revealed that on the night of 10/2/21, the mother and five siblings were visiting the father’s home for the night. The mother and the children were sleeping when the father left for work at 12:30 AM. Around 5:00 AM, the mother fed and changed the infant and twin sibling. She then swaddled the twins with separate blankets and placed them in the same crib on their back to sleep at 6:00 AM. The mother watched television until she heard the twin sibling fussing around 7:30 AM. When she checked on the twins, she found the infant unresponsive. She called the father to inform him the infant was not breathing, then both parents called 911 at 7:48 AM. The mother performed CPR per the dispatcher’s instructions until EMS arrived and took over. The infant was transported to the hospital via ambulance. Hospital staff were unsuccessful in their attempts to resuscitate the infant and she was pronounced deceased at 8:45 AM.

An autopsy was performed, and the medical examiner determined the infant’s cause of death was sudden infant death syndrome. The autopsy examination revealed no concerns for abuse or trauma and the infant was found to have pulmonary edema, which the medical examiner said was common in sudden infant death syndrome. Law enforcement reported that the incident appeared to be an accident with no criminality found, and they closed their investigation.

Interviews with the siblings and collaterals revealed no concerns and the siblings were assessed to be safe in their parents’ care. Safe sleep was discussed with the parents and a safe sleep environment was observed for the twin sibling.

ACDCYF unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother based on a lack of credible that the infant’s death was the result of abuse or maltreatment. ACDCYF provided the family with grief services and funeral assistance, and they closed the case on 1/20/22.

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? 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

Explain:

The case was appropriately unfounded and closed.

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework 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: 10/03/2021

Time of Death: 08:45 AM



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:

07:48 AM

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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 1 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Asleep
- Absent
- Other: **In another room**

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	4 Month(s)
Deceased Child's Household	Father	No Role	Male	43 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Month(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	31 Year(s)
Other Household 1	Sibling	No Role	Male	13 Year(s)
Other Household 1	Sibling	No Role	Female	12 Year(s)
Other Household 1	Sibling	No Role	Male	8 Year(s)



Other Household 1	Sibling	No Role	Female	7 Year(s)
Other Household 1	Sibling	No Role	Male	1 Year(s)
Other Household 2	Other Adult - 8, 7 and 1yo Siblings' Father	No Role	Male	38 Year(s)
Other Household 3	Other Adult - 13 and 12yo Siblings' Father	No Role	Male	33 Year(s)
Other Household 4	Other Adult - Mother of father's 13, 11 and 5yo children	No Role	Female	32 Year(s)

LDSS Response

ACDCYF initiated their investigation into the infant's death upon receipt of the SCR report on 10/3/21. They reviewed SCR history, notified the DA's office of the infant's death, and they spoke to the source of the report, law enforcement, the medical examiner, paramedics, and EMS. Law enforcement and hospital records were reviewed. ACDCYF conducted home visits and they interviewed the parents, the siblings, the mother of the father's 13, 11 and 5-year-old children and the father of the 13 and 12-year-old siblings. Attempts to interview the father of the 8, 7, and 1-year-old siblings were not successful. Fatality reports, Safety Assessments and the RAP were completed timely and accurately, and Notice of Existence was provided to all required adults timely.

Through interviews with the parents, it was learned that the infant and twin sibling were born premature at 28 weeks, 6 days gestation. The twins were admitted into the Neonatal Intensive Care Unit with the infant being discharged home on 7/9/21 and the twin sibling being discharged home on 7/16/21. The parents stated that the infant was healthy, and they denied that she had been injured or sick. They said the children were all up to date with well-child visits and immunizations. Safe sleep education was provided to the parents, and they denied that they co-slept with the twins. They reported that they always swaddled the twins with separate blankets and placed them in the same crib, on their backs with no other items in the crib.

The mother stated that on the night of 10/2/21, one twin was sleeping in the bouncer chair, and one was sleeping in the swing when she laid down in bed between 10 and 11:00 PM. The mother fell asleep, and the father left for work at 12:30 AM. The mother woke up around 1:00 AM and she swaddled the infants and transferred them to their crib. Around 5:00 AM, both twins woke up and the mother fed them bottles and changed their diapers. She then re-swaddled the twins and placed them back in their crib around 6:00 AM. The mother watched television until she heard the twin sibling fussing around 7:30 AM. When she checked on the twins, she found the infant unresponsive. She moved the infant to the adult bed and she called the father, then called 911. The father stated that the mother called him around 7:47 AM and told him there was something wrong with the infant. The father called 911, then he called the mother of his other children and asked her to go to the home and assist the mother with CPR. First responders were at the home when the father and the mother of his other children arrived.

The 10 surviving siblings were assessed to be safe in their parents' care. The siblings did not have any direct knowledge of the fatal incident. The four oldest siblings said the twins were asleep in their crib when they went to bed the night prior to the incident. The siblings reported that when they woke up in the morning, they found out the infant stopped breathing, and that she had been brought to the hospital and died.

The mother of the father's 13, 11 and 5-year-old children reported that the father contacted her on the morning of the incident and informed her the infant was not breathing. She rushed to the home, EMS was already there when she arrived, and she drove the mother to the hospital. She expressed no concerns for the parents' care of the children.

Paramedics reported that the infant was lying on the adult bed and unresponsive with no pulse when they arrived. There were no signs of trauma, and they had no concerns with the condition of the home. Hospital records showed that the infant arrived in cardiac arrest with no pulse, and she was pronounced deceased at 8:45 AM.



Child Fatality Report

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: The case was reviewed by an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059648 - Deceased Child, Female, 4 Mons	059655 - Mother, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
059648 - Deceased Child, Female, 4 Mons	059655 - Mother, Female, 31 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The father of the 13 and 12-year-old siblings was spoken to over the phone and attempts to contact the father of the 8, 7 and 1-year-old siblings were unsuccessful.

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 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:

Risk was adequately assessed and services related to the fatality were provided.

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"/>
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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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 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 siblings were referred for grief services.

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

Explain:
The family was referred for grief services and funeral assistance.



History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- 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 Used illicit drugs
- Was not noted in the case record to have any of the issues listed

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)
01/22/2020	Sibling, Male, 11 Years	Grandparent, Female, 49 Years	Inappropriate Isolation / Restraint	Unsubstantiated	Yes
	Sibling, Female, 10 Years	Other Adult - Other Adult , Male, 31 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Cousin , Male, 18 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Cousin , Male, 18 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 30 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Female, 10 Years	Grandparent, Female, 49 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Cousin , Male, 18 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Female, 10 Years	Grandparent, Female, 49 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 11 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Female, 10 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 6 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Months	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 11 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 10 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 6 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Months	Grandparent, Female, 49 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 11 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 10 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Months	Other Adult - Siblings' Father , Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 11 Years	Other Adult - Other Adult , Male, 31 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 10 Years	Other Adult - Other Adult , Male, 31 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - Other Adult , Male, 31 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - Other Adult , Male, 31 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Months	Other Adult - Other Adult , Male, 31 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 11 Years	Other Adult - Cousin , Male, 18 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 10 Years	Other Adult - Cousin , Male, 18 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - Cousin , Male, 18 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - Cousin , Male, 18 Years	Inadequate Guardianship	Unsubstantiated



Sibling, Male, 3 Months	Other Adult - Cousin , Male, 18 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 11 Years	Mother, Female, 30 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 10 Years	Mother, Female, 30 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 6 Years	Mother, Female, 30 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 5 Years	Mother, Female, 30 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - Other Adult , Male, 31 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 3 Months	Mother, Female, 30 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 11 Years	Other Adult - Other Adult , Male, 31 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 10 Years	Other Adult - Other Adult , Male, 31 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - Other Adult , Male, 31 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 3 Months	Other Adult - Other Adult , Male, 31 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 11 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 10 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 6 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 5 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 3 Months	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 11 Years	Other Adult - Siblings' Father , Male, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 10 Years	Other Adult - Siblings' Father , Male, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - Siblings' Father , Male, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - Siblings' Father , Male, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 3 Months	Other Adult - Siblings' Father , Male, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 11 Years	Other Adult - Other Adult , Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 10 Years	Other Adult - Other Adult , Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated



Sibling, Male, 6 Years	Other Adult - Other Adult , Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - Other Adult , Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 3 Months	Other Adult - Other Adult , Male, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

Three SCR reports received on 1/22/20 alleged that a male cousin sexually abused the now 12-year-old sibling and he and another adult gave the sibling cocaine and alcohol. The mother and other adult were impaired while caring for the siblings and they engaged in physical altercations in the presence of the siblings. The adults were unable to adequately care for and supervise the siblings while impaired. The 13 and 12-year-old siblings were left to care for the younger siblings.

Report Determination: Unfounded

Date of Determination: 08/25/2020

Basis for Determination:

There was a lack of evidence gathered to support the allegations. Forensic interviews were conducted with the siblings and the now 12-year-old sibling received a medical examination. The now 12-year-old sibling initially said something happened with the cousin, then she recanted and said her grandmother told her to lie because the grandmother did not like the cousin. The cousin, other adult and mother denied the allegations and they reported the cousin had not seen the family in over a year. Law enforcement closed their investigation with no charges filed. The mother denied using drugs and she tested negative for all substances.

OCFS Review Results:

ACDCYF conducted home visits and they interviewed the mother, siblings, the cousin and the other adult. Attempts were made to interview the siblings' fathers. Safety Assessments and the RAP were completed timely and accurately. Notice of Existence was provided timely to the required adults. Relevant collaterals were contacted including the substance abuse treatment provider, the pediatrician, and law enforcement. The SCR history review was documented late on 8/12/20. Eighteen out of 28 progress notes were entered more than 30 days past the event date.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Eighteen out of 28 notes were entered more than 30 days past the event date.

Legal Reference:

18 NYCRR 428.5

Action:

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:

Review of CPS History

Summary:

The SCR history review was documented late on 8/12/20.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, ACDCYF must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, ACDCYF will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/17/2019	Sibling, Male, 11 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 11 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Days	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 11 Years	Other Adult - Other Adult , Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 11 Years	Other Adult - Other Adult , Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Other Adult , Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Other Adult - Other Adult , Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Other Adult - Other Adult , Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Other Adult - Other Adult , Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Other Adult - Other Adult , Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Other Adult - Other Adult , Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Days	Other Adult - Other Adult , Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Days	Other Adult - Other Adult , Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
Sibling, Male, 11 Years	Other Adult - Other Adult 2, Male, 19 Years	Inadequate Guardianship	Unsubstantiated		



Sibling, Male, 11 Years	Other Adult - Other Adult 2, Male, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 10 Years	Other Adult - Other Adult 2, Male, 19 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 10 Years	Other Adult - Other Adult 2, Male, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - Other Adult 2, Male, 19 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - Other Adult 2, Male, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - Other Adult 2, Male, 19 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - Other Adult 2, Male, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 1 Days	Other Adult - Other Adult 2, Male, 19 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 1 Days	Other Adult - Other Adult 2, Male, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 10 Years	Mother, Female, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated

Report Summary:

An SCR report alleged that on 10/16/19, the mother gave birth to the now 1-year-old sibling. At the time of birth, the sibling tested positive for cocaine and marijuana. An SCR report dated 12/4/19 alleged that two weeks prior, the mother and the unrelated home member physically assaulted the father of the 8, 7 and 1-year-old siblings in the presence of the siblings. On a daily basis, the mother used cocaine, smoked marijuana and drank alcohol in the presence of the siblings. As a result, there was no sober caretaker for the siblings and there were drugs and paraphernalia accessible to the siblings. When the mother was under the influence of drugs, she became physically aggressive and she hit the siblings.

Report Determination: Unfounded

Date of Determination: 08/31/2020

Basis for Determination:

The father of the 8,7 and 1-year-old siblings reported that the mother and unrelated home member assaulted him and he was no longer having contact with the family. The mother stated that the siblings' father actually hit her and she contacted law enforcement. The siblings were aware of the incident, but it was unclear if they witnessed it. The siblings denied that they were physically disciplined. Although the mother tested positive for cocaine at the birth of the now 1-year-old sibling, the sibling tested negative and there was no negative impact on the sibling. The mother denied using cocaine and she tested negative for all substances in January 2020. The two additional adults listed on the report did not reside in the home and were not persons legally responsible for the siblings.

OCFS Review Results:

ACDCYF reviewed SCR history and they spoke to the sources of the reports. Safety Assessments and the RAP were completed timely and accurately. ACDCYF conducted home visits and school visits and they interviewed the mother, siblings, and the father of the 8, 7 and 1-year-old siblings. Safe sleep education was provided to the family. Relevant collaterals were contacted, including school staff, law enforcement, a substance abuse treatment provider and the pediatrician. The case record reflected that Notice of Existence letters were mailed late on 12/10/19. The father of the now 13 and 12-year-old siblings was not provided with Notice of Existence and attempts to interview him were not documented.

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

Issue:

Failure to provide notice of report

**Summary:**

The case record reflected that Notice of Existence letters were mailed late on 12/10/19. The father of the now 13 and 12-year-old siblings was not added to the household composition in Connections or provided with Notice of Existence.

Legal Reference:

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

Action:

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:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

Attempts to interview the father of the now 13 and 12-year-old siblings were not documented.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

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.

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

An SCR report dated 12/17/08 was substantiated by the NYC Administration for Children's Services (ACS) for the allegations of IF/CS and IG against the mother and the father of the now 13-year-old sibling as well as PD/AM against the father of the now 13-year-old sibling regarding that sibling. The allegation of PD/AM was unsubstantiated against the mother. An Article 10 Neglect Petition was filed against both adults due to the parents using alcohol and marijuana and having physical altercations in the presence of the sibling. The sibling was remanded to ACS custody on 2/3/09 and the case was opened for ongoing CPS Services.

An SCR report dated 6/28/12 was unsubstantiated for the allegation of IG against the mother and the father of the now 8, 7 and 1-year-old siblings regarding the now 13 and 12-year-old siblings.

Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

Preventive Services History

An ongoing CPS Services Case was opened with ACS from 2/11/09-2/7/11 following a substantiated SCR report that resulted in an Article 10 Neglect Petition being filed against the mother and the father of the now 13-year-old sibling and the now 13-year-old sibling being remanded to ACS custody. The now 12-year-old sibling was born and added to the services case. The now 13-year-old sibling returned to the mother's custody on 9/30/09. The mother completed all service plan goals and the court orders expired on 12/7/10.

Foster Care Placement History

The now 13-year-old sibling was remanded to ACS custody on 2/3/09 due to concerns for the mother and father of the



sibling using alcohol and marijuana and having physical altercations in the presence of the sibling. The sibling returned to the mother's custody on 9/30/09 and she completed court ordered services.

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