



Report Identification Number: AL-15-019

Prepared by: Albany Regional Office

Issue Date: 1/19/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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	MN-Medical Neglect	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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 08/23/2015
Initial Date OCFS Notified: 08/23/2015

Presenting Information

On August 23, 2015, a subsequent SCR report was received by Albany County Department for Children, Youth and Families (ACDCYF) which stated on the morning of August 23, 2015, at 9:55AM, the mother discovered the two-month-old subject child unresponsive. The mother called 911. EMS arrived at 9:59AM, and applied CPR to the child while enroute to the hospital. At the hospital, the child was unable to be revived and was pronounced dead at 10:35AM. The Child had no visible injuries at the time of death. The child was overall a healthy child, thus death is considered suspicious. The child died while in the care of the mother and parent substitute.

Executive Summary

On August 23, 2015, ACDCYF received a Subsequent SCR report alleging DOA/Fatality and Inadequate Guardianship against the mother and Parent Substitute regarding the subject child. Also listed on the report with no roles were two surviving half-siblings, fifteen and four years old.

During the course of their investigation, ACDCYF interviewed the mother, surviving siblings and family members. ACDCYF also spoke with all necessary and appropriate collateral contacts.

The investigation discovered that on August 22, 2015, the mother and her children attended a cook out from approximately 5:00PM until approximately 12:30AM. The mother admitted to drinking three drinks of vodka and juice while at the cook out. The subject child was asleep in the car seat when the family returned home. The child was placed stomach down on the mother's bed for the night. The mother went back out at around 1:00AM, leaving the child and four-year-old half-sibling with the fifteen-year-old half-sibling and fourteen-year-old cousin. The mother returned home at approximately 3:00AM. Prior to lying down in bed with the child, the mother observed the child sleeping on top of a blue blanket which was laying over a receiving blanket. The mother woke-up at 7:00AM, to use the bathroom and laid back down in bed with the child, who the mother reported was fine. Prior to 10:00AM, the fifteen-year-old half-sibling and cousin enter the mother's bedroom and discovered the child under the mother's arm with the child's face stuffed in blankets. The cousin moved the mother's arm and picked up the child. The child was sweaty and had lines on the left side of its face. Also, the child's nostril was pushed closed with one eye open and one closed. The child was not breathing. The mother woke-up and 911 was called.

When interviewed, the cousin reported that the mother was drunk when she returned home prior to going to bed. The mother denied consuming alcohol or being drunk when she went to bed. First responders found the mother coherent and not under the influence.

ACDCYF discovered that the mother had received safe sleep information prior to leaving the hospital with the subject child after the child's birth.

The parent substitute was not in the home at the times of the incident and interviews revealed that the parent substitute does not reside with the family. ACDCYF made multiple attempts to interview the parent substitute with no success. ACDCYF discovered that two surviving half siblings, eight and eighteen-years-old, do not reside in the



home. The eight-year-old half sibling resides with the father. The eighteen-year-old resides with the maternal grandmother.

ACDCYF offered the mother family and individual services which the mother declined. Family members along with the father of the fifteen-year-old surviving half sibling expressed no concerns with the mother’s ability to properly care for the children. The father of the subject child was incarcerated in Worcester, Massachusetts at the time of the fatality.

ACDCYF was advised that the autopsy did not reveal anything remarkable. The cause of death was pending toxicology results when the case was closed.

ACDCYF found sufficient credible evidence that the mother failed to exercise a minimum degree of care by co-sleeping with the child, thus substantiating the allegations of DOA/ Fatality and Inadequate Guardianship. The mother was made aware of the danger of co-sleeping. The mother failed to protect the child from the known danger by disregarding the information and co-sleeping with the child. The report was closed on November 25, 2015.

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:

ACDCYF conducted a thorough 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:

ACDCYF conducted a thorough investigation to determine the case outcome.

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: 08/23/2015

Time of Death: 10:35 AM

Time of fatal incident, if different than time of death: 09:55 AM

County where fatality incident occurred: ALBANY

Was 911 or local emergency number called? Yes

Time of Call: 09:55 AM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- Checked: Sleeping, Working, Driving / Vehicle occupant, Unknown. Unchecked: Playing, Eating, Other.

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

How long before incident was the child last seen by caretaker? 3 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Table with 5 columns: Household, Relationship, Role, Gender, Age. Rows include Deceased Child's Household and Other Household 1 and 2.

LDSS Response

On 8/23/15, ACDCYF contacted and spoke with Albany Police Department, who provided details of the mother's interview which revealed that the mother fed and laid the subject child down to sleep in her bed. The mother woke-up around 7:00AM to use the bathroom and returned to bed, at that time the child was still asleep. At approximately 10:00AM, the fifteen-year-old surviving half-sibling and the cousin entered the mother's bedroom and noticed the child had one of its eyes rolled back, its arm in a funny position and cold. The half-sibling and cousin woke-up the mother and 911 was called. The mother performed CPR on the child which dispatch provided direction. EMS arrived and transported the child to the hospital. Residing in the home are the mother and two surviving half-siblings, fifteen and four years old. On the same day of the report, ACDCYF interviewed the mother, cousin and two surviving half-siblings. The mother admitted that the child slept with her. The mother explained how the child sometimes sleeps on its back or stomach. The mother reported that the child slept on a flat surface on top of a blanket. The mother stated that she did not use the bassinet because she slept with her previous children which she felt was a time to bond. The mother denied being informed or provided with information on safe sleep.

The mother explained how the family returned home from a cookout at approximately 12:30AM. The mother admitted to having three drinks of vodka and juice while at the cookout. A fourteen year old cousin, who does not reside in the home, spent the night. The mother explained how she laid the subject child, stomach down, on her bed for the night. The mother went back out at around 1:00AM, leaving the child and four-year-old half-sibling with the fifteen-year-old half-sibling and cousin. The mother returned home at approximately 3:00AM. The mother observed the child in her bed, sleeping on top of a blue blanket which was laying over a receiving blanket. The mother admitted to sleeping in bed with the child. The mother woke-up at 7:00AM, used the bathroom and laid back down in bed with the child who the mother reported was perfectly fine. Prior to 10:00AM, the fifteen-year-old half-sibling and cousin enter the mother's bedroom and discovered the child under the mother's arm with the child's head covered in a blanket. The half-sister described the child's face being stuffed in blankets. The cousin picked up the child and found the child to be sweaty with lines on the left side of the child's face. Also, the child's nostril was pushed closed with one eye open and one closed. The cousin reported that the child was not breathing. The mother woke-up and 911 was called. The cousin reported the mother returned home drunk. The mother denied she drank alcohol or was drunk when she went to bed. First responders had no concerns of how the mother acted or behaved at the scene.

ACDCYF discovered that on 6/19/15, the mother was provided with safe sleep information prior to being discharged from the hospital with the subject child. The mother expressed her plans of co-sleeping with the child as she previously did with her older children.

Interviews revealed that the parent substitute did not reside in the home and was not present when the incident occurred. ACDCYF made multiple attempts to interview the parent substitute with no avail.

ACDCYF discovered that two surviving half sibling, eighteen and eight-years-old, do not reside in the home. The eight-year-old resides with the father. The eighteen-year-old resides with the maternal grandmother.

On 8/24/15, an autopsy was performed which did not reveal anything remarkable. The cause of death was pending toxicology results when the case was closed.

ACDCYF found sufficient credible evidence that the mother failed to exercise a minimum degree of care by co-sleeping with the child, thus substantiating the allegations of DOA/Fatality and IG.Report was closed on 11/25/15

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Coroner



NYS Office of Children and Family Services - Child Fatality Report

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
022741 - Deceased Child, Male, 2 Mons	023502 - Other Adult - Family friend, Male, 43 Year(s)	DOA / Fatality	Unsubstantiated
022741 - Deceased Child, Male, 2 Mons	022745 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
022741 - Deceased Child, Male, 2 Mons	022745 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated
022741 - Deceased Child, Male, 2 Mons	023502 - Other Adult - Family friend, Male, 43 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" 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"/>



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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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?				
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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:



ACDCYF offered the family support services throughout the investigation.

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

Explain:

ACDCYF offered the family support services throughout the investigation.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? 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? 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

Table with 6 columns: Date of SCR Report, Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Status/Outcome, Compliance Issue(s). Contains 3 rows of data regarding CPS cases from 04/07/2014.

Report Summary:



NYS Office of Children and Family Services - Child Fatality Report

On April 7, 2014, Albany County Department for Children, Youth and Families (ACDCFY) received an SCR report alleging Inadequate Guardianship against the mother regarding the three surviving half siblings, ages 3, 6 and 14. Also listed with no role was the surviving seventeen-year-old half sibling. The report alleged that the six-year-old child wandered outside the home and a stranger walked the child to school. The child was placed on home instructions and was not to be in school. The mother left the seventeen-year-old child to babysit the six and three year old children when the child wandered out of the home.

Determination: Unfounded

Date of Determination: 05/28/2014

Basis for Determination:

Investigation revealed that the seventeen-year-old sibling was babysitting the three and six-year-old children when the six-year-old wandered outside of the home and was transported to school by a stranger. On April 9, 2014, the six-year-old child was sent to live with his biological father in Queens, NY. ACDCYF confirmed that the six-year-old child was enrolled in school by the father. The case was closed on May 28, 2014 due to no concerns with the mother's ability to properly care for her children.

OCFS Review Results:

ACDCYF conducted a complete and thorough investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/19/2015	6125 - Deceased Child, Male, 1 Days	6126 - Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	Yes

Report Summary:

On June 19, 2015, Albany County Department for Children, Youth and Family (ACDCYF) received an SCR report alleging Inadequate Guardianship against the mother regarding the subject child. The report also lists the Biological Father with an unknown role. The report alleged that the mother had given birth to the subject child on June 18, 2015. The mother has mental health history and a history of non-compliance. The mother also does not have custody of several other children.

Determination: Unfounded

Date of Determination: 09/29/2015

Basis for Determination:

During ACDCYF investigation into the initial report, a subsequent report was received on 8/23/15, regarding the subject child's fatality. Regarding the initial report, ACDCYF conducted a hospital interview with the mother, who denied mental health issues. The mother had depression early on during the pregnancy, but had since ended. The mother was prescribed medication which was to be taken as needed which she was no longer taking. The mother was informed about safe sleep. ACDCYF discovered that The mother and children were residing in Rensselaer County at the time of the subject child's birth. A home visit was conducted by RCCPS and found a crib and all necessary supplies for the child.

OCFS Review Results:

After the initially hospital visit which was on June 19, 2015 and a follow-up visit which was on June 22, 2015, ACDCYF did not attempt to contact the family or contact any appropriate collateral contacts until the subsequent report was received on August 23, 2015. ACDCYF made no attempt to meet with two household children until the subsequent report was received. ACDCYF closed the case on September 29, 2015.

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

Issue:

Adequacy of Child Protective Services casework contacts

Summary:

Connections case notes revealed after a follow-up visit with the mother and subject child, there was no casework attempts



to contact the family or to contact any appropriate collateral contacts for 59 days. Connections case notes also revealed that there was no casework contact attempts to meet with two household children for 65 days.

Legal Reference:

432.2(b)(4)(vi)

Action:

Albany County Department for Children, Youth and Family should develop a protocol to ensure that during an investigation, casework contact will be attempted/ made in a timely manner with household children and with appropriate collateral contacts in ordered to determine the outcome of an investigation.

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

On 5/30/97, RCDSS rcvd a report alleging IG against the mother regarding a surviving half sibling. The report was indicated and closed on 8/4/97. On 5/7/00, RCDSS rcvd a report alleging Abndmnt, IFCS, IG and Other "Failure to Plan" against the mother regarding a surviving half sibling. Report was indicated and closed on 8/24/00. On 6/28/00, RCDSS rcvd a subsequent report alleging IG against the mother regarding a surviving half sibling. Report was indicated and closed on 8/24/00. On 8/4/05, RCDSS rcvd a report alleging LBW, LS and IG against parent substitute regarding a surviving half sibling. Report was indicated and case was transferred to LTS on 9/28/05. On 3/24/06, RCDSS rcvd a subsequent report alleging IG against parent substitute and the mother regarding two surviving half sibling. Report was unsubstantiated and closed on 5/15/06. On 4/4/08, ACDCYF rcvd a report alleging LMC, IFCS and IG against the mother regarding a surviving half sibling. Report was indicated and closed on 7/28/08. On 1/30/09, SCDSS rcvd a report alleging Ed Neglect against the mother regarding a surviving half sibling. Report was unsub and closed on 4/15/09. On 8/12/09, ACDCYF rcvd a report alleging LMC, PDAM, LS and IFCS against the mother regarding two surviving half sibling. Report was unsub and closed on 10/26/09. On 6/18/10, ACDCYF received a report alleging IG against the mother and the biological father of a surviving half sibling. Report was unsub and closed on 10/13/10.

Known CPS History Outside of NYS

None

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)



Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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