



**Report Identification Number: AL-17-032**

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

**Issue Date: Apr 26, 2018**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Albany  
**Gender:** Male

**Date of Death:** 11/18/2017  
**Initial Date OCFS Notified:** 11/20/2017

## Presenting Information

An SCR report was received alleging that on 11/18/17, the SM was co-sleeping with the SC and rolled onto him. The SC died as a result of the incident. The SC was an otherwise healthy child.

## Executive Summary

This report concerns the death of the 1-month-old male SC. Albany County Department for Children, Youth and Families (ACDCYF) received an SCR report regarding the fatality on 11/18/17. The report alleged the SM co-slept with the SC and woke to find him unresponsive. The SC was an otherwise healthy child.

On 11/18/17, the SM woke with the SC and tended to his needs. The SC was fussing that morning and the SM was attempting to soothe him. The SM laid in her bed with the SC and unintentionally fell asleep. When the SM awoke approximately an hour and a half later, she was lying on top of the SC in the bed. The SC was unresponsive and resuscitation efforts of first responders were unsuccessful.

LE were among the first responders to the SC's home and collected evidence from the home. LE spoke with the SM several times over the course of the investigation. LE made attempts to speak with the BF, but he was uncooperative. LE did not pursue criminal charges against the SM and concluded the SC's death was the result of a tragic accident.

The ME performed an autopsy, but the final report was not completed at the time of this writing. The death certificate listed the manner of death as accidental and the cause of death as asphyxia due to restriction of ventilation due to overlay by adult in an adult bed.

Throughout the investigation, ACDCYF made extensive efforts to interview each first responder, and diligently documented all casework. ACDCYF also spoke with family members and medical personnel. The BF's 2 children that resided with their BM were seen and deemed to be safe. ACDCYF discussed burial assistance with the SM, as well as bereavement services and counseling. The SM declined these services and stated she would seek counseling in the future.

ACDCYF appropriately substantiated the allegations of IG and DOA/Fatality against the SM regarding the death of the SC. The SM consistently reported she woke up on top of the SC. The SC's cause of death is directly correlated to the actions of the SM.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

- **Safety assessment due at the time of determination?** Yes

### Determination:



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

**Was the decision to close the case appropriate?** Yes

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

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

**Explain:**

The casework was commiserate with the case circumstances and it was appropriate to close the case.

### 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:** 11/18/2017

**Time of Death:** 12:29 PM

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

**County where fatality incident occurred:** Albany

**Was 911 or local emergency number called?** Yes

**Time of Call:** 11:20 AM

**Did EMS 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:**

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

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**At time of incident supervisor was:**

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:



**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	Male	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Other Household 1	Father	No Role	Male	29 Year(s)

**LDSS Response**

ACDCYF jointly investigated the death of the SC with LE. The DA and ME were also notified promptly and the source contacted.

The SM reported the evening before the fatality was uneventful. The SM and SC were home together all day and went to sleep around 12:00-1:00AM on 11/18/17. The SC woke 3 times during the night and was fussy. The SM believed the SC had gas because his stomach was bloated. The SC woke at 8:00AM on 11/18/17 and the SM fed and changed him. The SM put the SC in his "bouncer" at 8:15AM and she laid down in her bed. The SC was fussing and the SM gave him a pacifier and then she returned to the bed to lay down. The SC began crying and the SM picked the SC up and held him against her chest, while rubbing his back. The SC began to calm down, and at about 9:15AM, the SM placed the SC onto the full-size bed, positioned on his back and she laid down next to him. The SM was stroking the SC's head and fell asleep. There were blankets and pillows in the bed and the SC had a blanket covering his body. The SM woke up and found the SC was still on his back and the SM was lying on her stomach, on top of the SC. The SC was not breathing and he had a small amount of blood coming from his nose. The SM was not able to wake the SC, so she took him into the bathroom and began splashing his face with water. The SM then called 911 and began CPR as instructed by the operator. Moments later, the fire department, LE and EMS arrived and continued the CPR on the SC on the bathroom floor. The SC and SM were transported to the ER. The SC was pronounced deceased at the hospital.

The SM reported no complications during pregnancy or the birth of the SC. The SC was a healthy child and was formula fed. The SM denied any alcohol or drug use. The SM denied the SC was on any medication, other than over the counter medication for infant gas. The SM acknowledged receiving pamphlets about safe sleep from the hospital when the SC was born, but did not recall watching a video or speaking with anyone about it. The SC had a crib to sleep in, but the SM reported he cried while in it, so the SM often placed him to sleep in his "bouncer" or in the bed with her. The SM often placed the SC in a "U-shaped pillow" when on the bed.

The BF did not reside with the SM, and had last seen the SC 2 days before his death. The BF was working at the time of the SC's death. The BF was interviewed and told ACDCYF the SM routinely slept in the bed with the SC and often placed him on a pillow to sleep. The BF had no concerns for the care the SM provided to the SC. The BF had 2 SS that resided with their BM. These children were seen and assessed to be safe and well cared for. It is unknown if the SS ever had contact with the SC.

ACDCYF spoke with the source and all first responders. The first responders reported the SM was distraught when they were at her home and appeared sleep deprived, but sober. There was no suspicion of abuse on the part of the SM, and they believed it was a tragic accident. The pediatrician had seen the SC 2 days after his birth and had no concerns.



LE reported the SM was suffering from depression and lack of sleep since giving birth to the SC. LE found text messages from the SM to the BF asking for more help with the care of the SC. LE expressed the SM was consistent in her description of events and the death was an accident. LE had no concerns regarding the SM's care of the SC.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
045641 - Deceased Child, Male, 1 Mons	045642 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
045641 - Deceased Child, Male, 1 Mons	045642 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities



# Child Fatality Report

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## History Prior to the Fatality

## Child Information

Did the child have a history of alleged child abuse/maltreatment?

No



- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

### 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)	Status/Outcome	Compliance Issue(s)
10/24/2017	Sibling, Male, 3 Years	Other Adult - BM of SS, Female, 22 Years	Lack of Supervision	Unfounded	No
	Sibling, Female, 21 Months	Other Adult - BM of SS, Female, 22 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 3 Years	Other Adult - BM of SS, Female, 22 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 21 Months	Other Adult - BM of SS, Female, 22 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

An SCR report was received alleging that the BM of the SS (ages 1 and 3 years) failed to wake up with the children after they were all sleeping. The BM remained asleep while the SS woke up, got out of the home and were wandering around the street for an hour unattended. The BF of the SC and SS had no role.

**Determination:** Unfounded**Date of Determination:** 12/11/2017**Basis for Determination:**

Rensselaer County Department of Social Services (RCDSS) found that on 10/24/17 the BM and SS were all napping during the day, the SS woke before the BM and were able to get out of the home through the back door. LE was notified by neighbors when the SS were seen in the street unattended and a report was made, but no criminal charges pursued. The BM woke and immediately looked for and found the SS with LE. The BM and BF installed a sensor alarm on the back door immediately after the incident. The BM and BF had the landlord install a dead bolt lock on the back door within days of the event. Collateral contacts had no concerns and it was an isolated incident.

**OCFS Review Results:**

RCDSS spoke with the BM, BF, collateral contacts and observed the SS to be safe at multiple home visits. RCDSS made numerous unsuccessful attempts to contact the source. The safety and risk assessments were completed timely and accurately.



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 3 years prior to the fatality.

### Known CPS History Outside of NYS

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

### 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