



Report Identification Number: AL-19-033

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

Issue Date: Apr 07, 2020

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: 2 month(s)

Jurisdiction: Albany
Gender: Female

Date of Death: 11/14/2019
Initial Date OCFS Notified: 11/14/2019

Presenting Information

An SCR report alleged the infant resided with the mother, father, and two siblings ages nine and two years old. On 11/14/19, the infant presented to the emergency room at 5:14 AM in cardiac arrest and was pronounced deceased. The circumstances surrounding the infant's death were unknown. The police found a pacifier and a blanket on the bed, but it was unknown if the infant was in the bed when she was found or if she was transferred from her crib. The infant had been deceased for at least three hours when law enforcement arrived at the home, as rigor mortis had begun to set in. The infant had received her two-month-old shots on 11/11/19, and she developed cold-like symptoms and a cough after her shots. There was a history of the father being verbally aggressive with the mother in the hospital maternity room after the infant was born.

Executive Summary

On 11/14/19, the Albany County Department for Children, Youth and Families (ACDCYF) received an SCR report regarding the death of the two-month old female infant that occurred on that date. At the time of the infant's death, she resided with her mother, father and two siblings, ages nine and two years old. The mother's adult friend (other adult) and the friend's three-year-old daughter (other child) were temporarily staying with the family and were in the home on the night of the incident. The father of the nine-year-old sibling resided out of the country and had little contact with the sibling.

Through a joint investigation with law enforcement, it was learned on the night of 11/13/19, the mother co-slept with the infant and nine-year-old sibling in the adult bed and the father slept with the two-year-old sibling in another bedroom. The mother got up around 4:45 AM and went into the kitchen with the father. The father left for work and when the mother returned to the bedroom, she realized the infant was not breathing. The mother screamed and the other adult entered the bedroom and took the infant from the mother's arms. The mother called 911 at 5:02 AM but due to a language barrier, she was unable to understand the 911 dispatcher. She gave the phone to the other adult, who spoke to the dispatcher. The mother contacted the father and he immediately returned home. He brought the infant outside to first responders, who performed CPR and transported the infant to the hospital. Resuscitative efforts were unsuccessful, and the infant was pronounced deceased at 5:31 AM.

An autopsy was performed, and the final pathological diagnosis was "history of sleep-surface sharing and pulmonary edema, vascular congestion, hemorrhage, and mild patchy peribronchiolar chronic inflammation". The report further stated, "death is attributed to pulmonary abnormalities; however, it is difficult to be certain to what extent the abnormalities reflect sleep surface sharing, or a pulmonary viral infection." The ME reported the infant could have died from a pulmonary infection or accidental affixation; therefore, the manner of death was undetermined. The law enforcement investigation closed with no criminal charges filed.

The home was assessed to contain no safety hazards and ACDCYF assessed the safety of the siblings throughout the investigation. Upon receipt of the SCR report, a temporary safety plan was initiated that the father would leave the home due to a recent altercation that took place between the parents. The father returned to the home during the investigation and no further incidents were reported.

ACDCYF conducted a thorough investigation and contacted numerous collaterals. Information gathered supported the decision to substantiate the allegations of DOA/Fatality and Inadequate Guardianship against the parents. The parents



admitted they placed the infant face-down on the adult bed on the night of the incident and that the mother co-slept with the infant and nine-year-old sibling. The parents were referred for mental health and grief counseling and the sibling engaged in grief counseling at school. The mother accepted Preventive Services and a services case opened for a short time, then closed when the mother declined the need for services any longer.

PIP Requirement

For issues identified in a historical case, ACDCYF will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the 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 decision to indicate the case and open a Preventive Services case was appropriate.

Was the decision to close the case appropriate? N/A

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: 11/14/2019

Time of Death: 05:31 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:

05:02 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

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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

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	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

ACDCYF initiated their investigation within 24 hours of receipt of the report. They spoke to law enforcement, the source of the report, a neighbor, the paternal aunt and another family member. ACDCYF conducted interviews with the mother,



father, other adult and nine-year-old sibling, and they attempted to interview the two-year-old sibling and other child.

The parents reported the infant had a fever, stuffy nose and had had been vomiting since she received immunizations on 11/11/19. They denied that they took the infant’s temperature or contacted the doctor since the doctor had told them it was normal for infants to have a fever following immunizations. The mother gave the infant children’s fever reducer on the nights of 11/12/19 and 11/13/19. The infant normally slept in a crib or co-sleeper in the parent’s bedroom. The parents had a physical altercation on 11/11/19 and the father slept in the two-year-old sibling’s bedroom since that date.

On 11/13/19, the nine-year-old sibling slept across the foot of the mother’s bed. At 9:45 PM, the mother placed the infant to sleep in her crib then a short time later moved her to the co-sleeper since she was fussy. The mother tried to feed the infant during the night, but she wouldn’t eat, and she was having a hard time breathing so the father suctioned the infant’s nose with a bulb syringe. Around midnight the infant was stuffy and vomiting so the mother placed the infant on her stomach in the bed next to her. The mother got up with the infant around 2:00 AM and at that time the infant was on her back and she appeared to be fine. The mother turned the infant over onto her stomach and she fell back asleep. The mother woke up at 4:45 AM and went into the kitchen. She did not check on the infant until she returned to the bedroom after the father left for work. The father’s account was consistent with the mother’s timeline of events. He reported he had only been gone a few minutes when the mother called and told him the infant wasn’t breathing. The sibling reported falling asleep before the mother and infant and he woke up to the mother screaming that the infant was not breathing.

The other adult confirmed the infant had been sick. She heard the mother screaming around 5:00 AM and she ran into the mother’s bedroom. The infant was cold to the touch and appeared to be deceased. She had no concerns for the parents’ care of the children, but she expressed concern about the parent’s recent physical altercation. ACDCYF made several attempts to speak to the father of the nine-year-old sibling and they were unsuccessful.

First responders reported the father handed the infant to them and he was cold, pale and in rigor mortis. Pediatrician records confirmed the infant was seen on 11/11/19 for a well child visit and the mother expressed concerns for reflux. The records reflected the children were healthy and there no concerns noted for the children.

Official Manner and Cause of Death

Official Manner: Undetermined

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053441 - Deceased Child, Female, 2 Mons	053442 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated
053441 - Deceased Child, Female, 2 Mons	053442 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated



053441 - Deceased Child, Female, 2 Mons	053443 - Father, Male, 31 Year(s)	DOA / Fatality	Substantiated
053441 - Deceased Child, Female, 2 Mons	053443 - Father, Male, 31 Year(s)	Inadequate Guardianship	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 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:

There were unsuccessful attempts to speak to the father of the nine-year-old sibling.

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"/>



Child Fatality Report

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"/>
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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 a Preventive Services case was opened to meet the family's needs.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:
 The nine-year-old sibling engaged in grief counseling through school and the mother accepted Preventive Services. The mother later declined the need for services and the Preventive Services case closed on 1/22/20.

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 nine-year-old sibling engaged in grief counseling at school.

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

Explain:
 The parents were referred for grief counseling, mental health counseling and Preventive Services and the mother was referred for DV services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

**During pregnancy, mother:**

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/12/2019	Deceased Child, Female, 1 Days	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 1 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged the mother gave birth to the subject infant on 9/12/19 and the father and youngest sibling were visiting the mother in the hospital. A verbal dispute ensued between the mother and father and the father was screaming and yelling in the presence of the children. The father took the sibling and fled the hospital.

Report Determination: Unfounded**Date of Determination:** 12/04/2019**Basis for Determination:**

The nine-year-old sibling denied witnessing any DV or fighting between the mother and father. The mother denied any physical violence but reported emotional abuse by the father. The father argued with the mother at the hospital and was asked to leave by hospital staff. There was no apparent negative affect on the children. The children were observed to be free from marks and bruises and appeared to be well-cared for. The home was observed to contain no safety hazards. The father moved out of the home and the children continued to reside with the mother. The infant died on 11/14/19, and her death was investigated in a subsequent SCR report.

OCFS Review Results:

ACDCYF educated the mother about safe sleep and observed an appropriate crib and supplies for the infant. ACDCYF referred the mother for DV services and the mother declined. After the infant's death, a safety plan was appropriately initiated that the father move out of the home and a Preventive Services case was opened. The father of the nine-year-old sibling was not provided with a Notice of Existence letter and he was not interviewed regarding the allegations of the report.

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

Failure to provide notice of report

Summary:

ACDCYF did not provide a Notice of Existence letter to the father of the nine-year-old sibling or make effort to speak with him about the report.

Legal Reference:

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

Action:



ACDCYF will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

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

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

Known CPS History Outside of NYS

There is no 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