



Report Identification Number: AL-19-041

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

Issue Date: May 14, 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: 3 day(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 12/13/2019
Initial Date OCFS Notified: 12/13/2019

Presenting Information

Albany County Department of Children, Youth, and Families (ACDCYF) received a report from the SCR on 12/13/19 alleging the 3-day-old subject child passed away while in the care of his mother. The mother was breastfeeding the child as she sat cross-legged on her bed. She fell asleep and woke sometime during the night to find the child unresponsive. The mother called 911 at 3:42AM and EMS arrived and began resuscitation efforts and transported the child to the hospital where he was able to be revived; however, the child was later pronounced deceased at 8:47PM.

Executive Summary

This report concerns the death of the 3-day-old child. Albany County Department of Children, Youth, and Families (ACDCYF) received a report from the SCR on 12/13/19 when the child became unresponsive at home; the subject child resided with his mother in a shelter. ACDCYF received a subsequent fatality report from the SCR when the child died later that same evening. The child was otherwise healthy and his sudden death was considered suspicious.

The mother reported that on 12/13/19, around 3:05AM, she fed the child. She said she sat up and crossed her legs while feeding the child, because she was worried she would fall asleep. At some point while breastfeeding the child, the mother fell asleep. She woke around 3:40AM and found the child unresponsive. She found shelter staff and asked for assistance. Staff called 911 at 3:42AM and performed CPR. EMS arrived and transported the child to the hospital, where resuscitation efforts revived the child. He was later removed from life saving devices on 12/13/19 and subsequently died at 8:47PM.

The mother was placed in a shelter following a violation of her probation for smoking marijuana. The mother had been residing at the shelter since June, 2019. A 3-year-old surviving sibling resided between the mother, grandmother, and biological father. His safety was assessed, and it was determined he was safe with his caregivers.

An autopsy of the subject child reflected pulmonary congestion and hemorrhage. The autopsy revealed no evidence of trauma (aside from medical resuscitative efforts) and no congenital abnormalities. Toxicologic analysis reported detection of norbuprenorphine, phenobarbital and morphine, in sublethal concentrations. The detection of norbuprenorphine was consistent with the known maternal buprenorphine therapy; the phenobarbital and morphine likely represented medication administered during resuscitation and/or labor/delivery.

ACDCYF completed a joint investigation with the Albany Police Department. The Albany Police Department found no criminality and closed their investigation.

ACDCYF contacted necessary collaterals and determined there was no credible evidence to substantiate the allegations of inadequate guardianship and DOA/fatality against the mother. ACDCYF accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. The mother continued utilizing community-based services through the shelter following the child's death. ACDCYF determined the mother did not knowingly place the child in an unsafe sleep environment.

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 gathered sufficient information to determine the allegations and, after the family began working with providers, the case was appropriately 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:

ACDCYF accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. ACDCYF offered the family a multitude of services and the mother continued working with the shelter at the time of this writing.

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: 12/13/2019

Time of Death: 08:47 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: 03:42 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

How long before incident was the child last seen by caretaker? 45 Minutes

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	3 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Other Household 1	Other Adult - Biological father of sibling	Alleged Perpetrator	Male	30 Year(s)
Other Household 2	Father	No Role	Male	28 Year(s)

LDSS Response

ACDCYF initiated the investigation immediately and assessed the safety of the surviving sibling within 24 hours of receipt of the report. ACDCYF reviewed SCR history, spoke to the source, LE and DA's office, and met with the family.

Through interviews conducted with family members and first responders, it was learned the mother, subject infant, and 3-year-old sibling were residing at the shelter together. The sibling had gotten a tonsillectomy earlier that day and the mother was tired from nursing the sibling and providing care for the infant. The grandmother took the 3-year-old for the night and the mother and infant stayed together at the shelter. The mother fed the infant at frequent intervals throughout the day and night. The infant became fussy around 3AM and the mother woke to feed the infant. The mother fell asleep at some point during the feeding and woke to find the infant unresponsive around 3:40AM. The mother reached out to shelter staff who assisted in calling 911 and beginning resuscitation efforts.



The father of the sibling was interviewed. He reported having no concerns for the mother or her care of the sibling. The father shared custody with the mother and had regular and consistent contact with the child. The father of the subject infant was notified of the report. ACDCYF offered the father bereavement services but he declined.

Hospital records regarding the subject infant were received. Records reflect the child presented to the ER in cardiac arrest. Resuscitation efforts revived the infant, but it was determined the infant had no brain activity and the mother made the decision to remove him from life support. The infant was pronounced deceased at 8:47AM.

ACDCYF recommended the sibling be seen medically following the death. The sibling was seen and assessed to be in good health, despite just having surgery to have his tonsils removed. A safety plan was made for the sibling to remain with the grandmother immediately following the death. That plan was remediated once the mother was assessed by ACDCYF and shelter staff to be safe and appropriate to care for the sibling.

ACDCYF accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. The mother was successfully discharged from the shelter and found suitable housing in another county. The mother continued to receive community-based services through the shelter and the investigation was appropriately closed once all case objectives were met.

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
053882 - Deceased Child, Male, 3 Days	053883 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
053882 - Deceased Child, Male, 3 Days	053883 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
053884 - Sibling, Male, 3 Year(s)	053883 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
053884 - Sibling, Male, 3 Year(s)	053885 - Other Adult - Biological father of sibling, Male, 30 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

ACDCYF interviewed all relevant collateral contacts and subjects of the report. ACDCYF attempted to interview the sibling, but due to his age and developmental status, the sibling was unable to be interviewed.

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 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"/>



Child Fatality Report

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:
ACDCYF provided a multitude of referrals to the family following the death. The mother continued working with community based resources, including the shelter at the time of this writing.

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"/>

Explain as necessary:
There was no removal regarding the surviving sibling.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other, specify: Hope House

Additional information, if necessary:

ACDCYF offered the family a multitude of services following the death. The mother was working with the shelter for a variety of services including, mental health treatment and substance abuse treatment.

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 provided a multitude of resources and referrals following the death to assist the mother in providing safety and stability for the sibling.

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

Explain:
A multitude of resources were offered to the family following the death. At the time of this writing, the mother was working with a number of community-based resources related to substance abuse and mental health treatment.

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? 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 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)
06/19/2017	Sibling, Male, 10 Months	Other Adult - Father of Sibling, Male, 28 Years	Excessive Corporal Punishment	Substantiated	Yes
	Sibling, Male, 10 Months	Other Adult - Father of Sibling, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Other Child - Father of Sibling's other child, Female, 5 Years	Other Adult - Father of Sibling, Male, 28 Years	Excessive Corporal Punishment	Substantiated	
	Other Child - Father of Sibling's other child, Female, 5 Years	Other Adult - Father of Sibling, Male, 28 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report was received by Washington County Department of Social Services on 6/19/17 alleging the father of the sibling was angry and out of control. He picked up his child who was unrelated to the deceased child and threw her against the wall with force. He then spanked the child. She did not sustain any visible marks or bruises. He has been known to pick up the children with force and call them names. The mother had no role. A subsequent report was received on 6/20/17 alleging the father of the sibling smacked and pinched the sibling's nose. He then forced the sibling's mouth open and shoved food in.

Report Determination: Indicated

Date of Determination: 09/29/2017

Basis for Determination:

WCDSS determined there was credible evidence the father of the sibling was excessive in his punishment of the unrelated child and the sibling. During one occasion when the father was angry, he picked up the sibling forcefully by the arm and then pinched the sibling's nose so he could not breath and forced open his mouth. The father then shoved a spoonful of food into the sibling's mouth. The father of the sibling was arrested for endangering, criminal obstruction of breathing, and harassment 2nd.

OCFS Review Results:

WCDSS coordinated with other local districts to have all casework contacts completed. WCDSS completed accurate assessments and addressed child welfare concerns as they arose. The 7-day safety assessment was not completed in a timely manner.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was not completed until 16 days after the case initiation date.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:



WCDSS will complete all safety assessments within the required timeframe.

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

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

Known CPS History Outside of NYS

There was no known history outside of New York.

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