



Report Identification Number: AL-23-007

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

Issue Date: Aug 01, 2023

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 02/11/2023
Initial Date OCFS Notified: 02/12/2023

Presenting Information

The SCR report alleged that on 2/11/23, the mother went to the bathroom and gave birth to the subject child and twin sibling, resulting in both children falling into the toilet. The children were between 27 and 30 weeks gestation. At the time of their birth, both twins were breathing. The mother and father waited an hour before calling for medical assistance at 9:00PM. When emergency medical services arrived cardiopulmonary resuscitation was started on the subject child, which continued on the way to the medical facility. The subject child was unresponsive, not breathing, and intubated. The subject child was pronounced deceased at 9:17PM. The twin sibling had an abnormal respiratory rate and was hypothermic. The twin sibling was in critical condition and was receiving nasal oxygen. The severity of the children's medical needs required immediate medical attention, which was not received in a timely manner.

Executive Summary

This fatality report concerns the death of the 1-hour-old male subject child that occurred on 2/11/23. The SCR report contained allegations of DOA/Fatality, Lack of Medical Care and Inadequate Guardianship against the mother and father. The subject child and twin sibling were born at the parents' residence; however, subsequently brought to the hospital where the subject child died. The twin sibling remained in the hospital until his discharge on 3/28/23, when he was placed in foster care.

Albany County Department for Children, Youth and Families (ACDCYF) completed casework and collateral contacts and learned that on 2/11/23, around 7:50PM, the mother felt as though she needed to have a bowel movement. The mother sat on the toilet and gave birth to the subject child, resulting in the subject child falling into the toilet. Shortly after, the mother felt she needed to have another bowel movement and gave birth to the twin sibling who also fell into the toilet. The mother and father bathed the children and waited approximately one hour before calling emergency medical services when they observed the subject child to be in distress. Emergency medical services responded, attempted life-saving measures, and transported the subject child to the hospital, where he was pronounced deceased at 9:17PM. The mother and twin sibling were also transported to the hospital. The twin sibling was determined to have an abnormal respiratory rate and was hypothermic.

An autopsy was not performed on the subject child. The hospital physician reported the cause of death as Neonatal Cardiac Arrest. Hospital staff reported the subject child's death was the result of the mother and father not contacting emergency medical services timely, which resulted in the subject child going into cardiac arrest. No charges had been filed in relation to the subject child's death and law enforcement reported no autopsy was performed due to the circumstances surrounding the death not being suspicious.

ACDCYF attempted to provide the mother and father with bereavement resources, but it was unknown if the parents utilized the services, as they were minimally cooperative with ACDCYF. The twin sibling remained in foster care at the time of this writing, where he was deemed to be safe. The mother and father had two other children reportedly removed from their care out of state; however, their whereabouts, custodial status, and safety were unknown, as out of state records were not requested or obtained by ACDCYF. The record did not reflect the father was interviewed about key safety-related questions, including substance misuse or mental health history. The allegations were substantiated against the mother and father, and the CPS investigation was closed on 3/30/23. The Foster Care Case remained open.

PIP Requirement



This review resulted in a citation related to casework practice. In response, ACDCYF will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the ACDCYF has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, ACDCYF will review the plan(s) and revise as needed.

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 made an appropriate determination based on evidence obtained throughout their investigation.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

Casework was not commensurate with case circumstances. The record did not reflect the SF was interviewed regarding pertinent information related to safety and risk. The CPS history check was completed untimely and out of state CPS records were not requested or obtained regarding the SM and SF's other CHN.

Required Actions Related to the Fatality

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

Issue:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
Summary:	Though the SM was uncooperative during the investigation, ACDCYF had opportunities to interview the SF; however, the record did not reflect he was interviewed about questions relating to substance misuse or MH, despite a documented history of both.



Legal Reference:	18 NYCRR 432.1 (o)
Action:	ACDCYF will make face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.
Issue:	Review of CPS History
Summary:	The CPS history was completed untimely on 2/25/23.
Legal Reference:	18 NYCRR 432.2(b)(3)(i)
Action:	The Albany Regional Office informed OCFS there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. ACDCYF will continue to work on this issue and revise their current PIP if deemed necessary.
Issue:	Contact/Information From Reporting/Collateral Source
Summary:	The record did not reflect CPS records from out of state were requested, despite the SM and SF having at least two other CHN removed from their care in various states in the past. The custodial status and safety of those CHN were unknown.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	ACDCYF will make diligent efforts to contact collaterals to potentially gather outside information.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/11/2023

Time of Death: 09:17 PM

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

07:50 PM

County where fatality incident occurred:

Albany

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

Unknown

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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 Hour(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Hour(s)

LDSS Response

Upon receipt of the SCR report, ACDCYF coordinated their investigation with LE, contacted collateral sources, notified the DA’s office, and assessed the safety of the SS.

ACDCYF attempted to interview the parents on 2/11/23; however, they refused and did not agree to speak with ACDCYF until 2/14/23. The SM stated around 7:50PM she thought she had to have a bowel movement and the SC fell out into the toilet. The SM took the SC out of the toilet, patted him, and gave him to the SF. The SM and SF cut the umbilical cord with kitchen shears and clamped it with a dreadlock clamp. The SM and SF went to clean the SC, and the SM felt like she needed to have another bowel movement. The SM sat on the toilet and the twin SS fell into the toilet. The SM and SF also cut and clamped the twin SS's umbilical cord. The SM and SF bathed both children and wrapped them in blankets. After the twin SS was born, the SM and SF noticed the SC was in distress and called 911. EMS arrived at approximately 8:45PM and reported the SC was in an oversized diaper and cold to the touch. The SC, SS, and SM were transported to the hospital. Life-saving measures were attempted on the SC; however, unsuccessful and the SC was pronounced deceased at the hospital.

The twins were born at approximately 30 weeks gestation and the SM did not seek prenatal care while pregnant. The SM initially denied knowing she was pregnant; however, then stated she made a doctor appointment and appointment for benefits but began heavily bleeding, thought she miscarried, and canceled the appointments. The SM later stated she knew she was pregnant but did not want the CHN to be placed in foster care. The SM and SF reported waiting to call EMS because there was too much going on and it was “chaotic.”

The twin SS had a positive toxicology for cocaine at birth. No toxicology screening was performed on the SC. The SM reported using cocaine one month prior to the birth; however, when confronted with the timeframe that cocaine remains in your system, the SM stated she did not remember when she last used. The hospital did not complete a urine screen for the SM. ACDCYF attempted contact with the SM and SF’s previous substance abuse treatment provider, as it was noted the parents had a history of misuse and were non-complaint with treatment but were unable to successfully make contact.

The twin SS was removed from the parents’ care at the time of his discharge from the hospital on 3/28/23 and placed in foster care, where he remained.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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



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

Comments: Albany County referred this fatality to their OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064255 - Deceased Child, Male, 1 Hour(s)	064257 - Father, Male, 28 Year(s)	DOA / Fatality	Substantiated
064255 - Deceased Child, Male, 1 Hour(s)	064257 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
064255 - Deceased Child, Male, 1 Hour(s)	064257 - Father, Male, 28 Year(s)	Lack of Medical Care	Substantiated
064255 - Deceased Child, Male, 1 Hour(s)	064256 - Mother, Female, 33 Year(s)	DOA / Fatality	Substantiated
064255 - Deceased Child, Male, 1 Hour(s)	064256 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
064255 - Deceased Child, Male, 1 Hour(s)	064256 - Mother, Female, 33 Year(s)	Lack of Medical Care	Substantiated
064258 - Sibling, Male, 1 Hour(s)	064257 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
064258 - Sibling, Male, 1 Hour(s)	064257 - Father, Male, 28 Year(s)	Lack of Medical Care	Substantiated
064258 - Sibling, Male, 1 Hour(s)	064256 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
064258 - Sibling, Male, 1 Hour(s)	064256 - Mother, Female, 33 Year(s)	Lack of Medical Care	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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

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 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"/>
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 checked="" type="checkbox"/>	<input 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:
 The surviving twin sibling was removed due to the parents history of substance misuse and untreated mental health. The parents had 4 other children removed from their care and had not cooperated or engaged in necessary services.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The surviving twin sibling was removed upon discharge from the NICU and placed in foster care.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court
 Criminal Court
 Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	064256 Mother Female 33 Year(s)	
Comments:	A neglect petition was filed against the parents and the twin SS was removed and placed in Foster Care.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	064257 Father Male 28 Year(s)	
Comments:	A neglect petition was filed against the parents and the twin SS was removed and placed in Foster Care.	

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

ACDCYF offered the parents bereavement resources and burial assistance; however, it was unknown if these services were utilized as the parents were not cooperative with ACDCYF. The parents had an open service case and were noted to be non-compliant with previously referred services, including 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? No

Explain:

Due to the age of the twin SS, no services were needed regarding the fatality.

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

Explain:

The SM and SF were provided with bereavement resources; however, it was unknown if the parents utilized services, as the parents had minimal contact with ACDCYF.

History Prior to the Fatality

Child Information

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

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
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed



Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

In 1/2018, the SM and SF had 1 unfounded report with allegations of IG, IF/C/S, and PD/AM. In 3/2018, the SM and SF were indicated for IG, IF/C/S, and PD/AM regarding a child that has since been adopted. The SM tested positive for illicit substances at the time of the CH's birth and admitted to substance misuse during her pregnancy which resulted in the CH having withdrawal symptoms. The parents had previous CHN removed from their care, and the SM had untreated MH. The SM had an indicated report from 7/2019 for IG and PD/AM, after giving birth to a CH that has since been freed for adoption who had a positive toxicology at birth. The SM had untreated MH, was homeless, and had previous children removed. That investigation resulted in the open FC case from 8/2019 after that CH was removed from the SM's care.

Known CPS History Outside of NYS

The SM and SF reportedly had two children who were removed from their care out of state, where they resided with a relative. Further details were unknown, as no records were requested or received by ACDCYF.

Foster Care Placement History

A CH that has since been freed for adoption was removed from the SM's care and placed in foster care in 8/2019 due to the SM's substance misuse and untreated MH. The FC case was open at the time of the SC's death. During the open FC Case, ACDCYF was made aware the SM was possibly pregnant; however, when ACDCYF attempted to address this with the SM, she would not confirm she was pregnant and became uncooperative. The parents reportedly had two other children removed from their care that resided out of state, and another child that was adopted.

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