



**Report Identification Number: AL-19-025**

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

**Issue Date: Jan 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

<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:** Rensselaer  
**Gender:** Male

**Date of Death:** 09/27/1999  
**Initial Date OCFS Notified:** 07/29/2019

## Presenting Information

On 7/29/19, an SCR report was received alleging that approximately 15 years ago the then 6-month-old subject child was found deceased while in the care of his parents. There were no further details provided regarding the death of the subject child.

## Executive Summary

This report concerns the death of a 1-month-old male child. Rensselaer County Department of Social Services (RCDSS) received an SCR report on 7/29/19, regarding the death of the subject child. RCDSS learned that the subject child died 9/27/99 and at the time of his death he resided with his parents and his then 1-year-old surviving sibling. The subject child was born premature on 7/30/99 with medical issues including respiratory problems. He remained in the hospital for several weeks before being discharged home to his parents. The parents put the subject child to bed in his bassinet located next to their bed. The mother woke between 4 and 5AM on the morning of 9/27/99 and brought the child into bed to feed him. The subject child was cradled in the mother's arms and she fell asleep holding him. The mother woke around 9:45 AM when the father woke to go to work. The mother placed the subject child on her bed to attend to the then 1-year-old surviving sibling who was crying. When the mother came back into the bedroom, she found the subject child unresponsive. She then called 911 and her neighbor. The subject child was transported to the hospital by EMS where he was pronounced deceased.

RCDSS assessed the safety of the of the surviving half siblings (15 and 14 years old). These children were not yet born at the time of the subject child's death. There were no noted concerns for their safety.

RCDSS obtained the medical examiner's final autopsy report from 1999, which listed the cause of death as Sudden Infant Death Syndrome and the manner of death as natural. RCDSS spoke with and obtained documentation from law enforcement who found no criminality in connection with the fatality.

RCDSS completed all safety assessments and required reports accurately and on time. RCDSS attempted to obtain the medical records about the subject child's death but was informed by the hospital that records are destroyed after ten years. RCDSS interviewed family members and several collateral contacts about the care of the subject child and there were no concerns about the care the parents provided him. RCDSS attempted to interview the father of the subject child and he refused to talk with RCDSS. The father and the mother of the subject child were no longer together.

The case remained open pending determination at the time of this writing. RCDSS continued to make follow up visits and assisted the mother and the surviving half siblings in obtaining appropriate services to meet their needs.

## 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

The case had not yet been determined at the time of this writing.

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:**

The case remained undetermined 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: 09/27/1999

Time of Death: Unknown

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

County where fatality incident occurred: Rensselaer

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 alcohol or drugs? N/A

Child's activity at time of incident:



# Child Fatality Report

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

### LDSS Response

On 7/29/19, RCDSS received an SCR report about the death of the subject child. RCDSS coordinated with law enforcement, completed a CPS history check, contacted the medical examiner's office and the district attorney's office to gather information about death. The surviving half sibling's safety was assessed and there were no noted safety concerns.

RCDSS interviewed the mother about the events leading up to the death of the subject child. The mother told RCDSS that the subject child was born premature and had medical issues, including respiratory issues and remained in the hospital for several weeks prior to coming home. The mother said she remembers that on the evening of 9/26/99, she had placed the subject child to sleep in his bassinet next to their bed and went to sleep. The mother said she woke sometime between the hours of 4:00 and 5:00 AM and brought the child to bed to feed him. The mother said the subject child was cradled in her right arm and she said she fell asleep while holding him. The mother said she woke shortly after the father left for work at 9:45 AM and she went to attend to the then 1-year-old surviving sibling who was crying. The mother said she placed the subject child on the bed, and she said she did not notice anything at that time. The mother said when she came back into her bedroom, she found the subject child cold to the touch and unresponsive. The mother said she remembers calling 911 and her neighbor. The mother said EMS arrived and the subject child was transported to the hospital where he was pronounced deceased. The mother's statement was consistent with the statement she provided law enforcement in 1999. The father was interviewed by law enforcement at the time and he had already left for work at the time the mother found the subject child unresponsive. RCDSS interviewed the now adult surviving sibling and he had no recollection of the subject child's death as he was only 1 year old at the time. RCDSS attempted several times to interview the subject father but he said his child died over 20 years ago and refused to talk about his child's death and said he and the mother had not spoken in years.



RCDSS offered referrals for services as well as other needed services to the mother and the surviving half siblings. The mother was questioned about drug/alcohol misuse and she denied misusing drugs/alcohol currently. The mother said there was a time after the subject child died that she began to misuse drugs and alcohol but had been clean and sober for six years now. The mother said she was actively involved with a treatment program. RCDSS spoke with the mother's treatment program and the program verified the mother was actively involved with treatment. There was no evidence of alcohol or drugs in the home. RCDSS asked the mother if she recalled receiving safe sleep information at the time the subject child was born 20 years ago, and she said no, at that time she had not received any information about safe sleep.

**Official Manner and Cause of Death**

**Official Manner:** Natural

**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
052492 - Deceased Child, Male, 1 Mons	052495 - Father, Male, 20 Year(s)	DOA / Fatality	Pending
052492 - Deceased Child, Male, 1 Mons	052495 - Father, Male, 20 Year(s)	Inadequate Guardianship	Pending
052492 - Deceased Child, Male, 1 Mons	052494 - Mother, Female, 20 Year(s)	DOA / Fatality	Pending
052492 - Deceased Child, Male, 1 Mons	052494 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Pending

**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"/>



# Child Fatality Report

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"/>

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
The case remained undetermined at the time of this writing and the risk assessment profile had not yet been completed. RCDCSS had offered appropriate referrals for services to meet the families 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"/>
<b>Explain as necessary:</b> The surviving siblings remained in the care of their mother.				

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<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"/>				



Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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**Additional information, if necessary:**  
 The subject child died 20 years ago. RCDSS provided appropriate services to meet the families current needs.

**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:**  
 RCDSS offered appropriate referrals to services to meet the families needs. The subject child died 20 years ago and the subject child's death was not reported at the time of the fatal incident.

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

**Explain:**  
 RCDSS offered appropriate referrals to meet the families current needs. The subject child died 20 years ago and was not reported at the time but was reported on 7/30/19.

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

- 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

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

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

### Known CPS History Outside of NYS



There was no known history outside of NYS.

### 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