



Report Identification Number: SV-18-038

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

Issue Date: Dec 07, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

| 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 | | |



Case Information

Report Type: Child Deceased
Age: 11 day(s)

Jurisdiction: Putnam
Gender: Male

Date of Death: 06/16/2018
Initial Date OCFS Notified: 06/16/2018

Presenting Information

An SCR report was received that alleged on 6/16/18 at approximately 12:00 AM, the maternal cousin's fiance fed the 11-day-old child while sitting on the couch. After feeding the child, he fell asleep with the child in his arms. The fiance woke at 3:00 AM and realized the child had not moved. The alleged fiance touched the child's skin and it felt cool. The fiance realized the child was not breathing. The maternal cousin and her fiance called 911 and were instructed to perform CPR on the child until emergency services arrived. The infant was still not breathing when EMS arrived. EMS transported the child to the hospital. The child was pronounced dead at 4:10 AM. The child had been for a medical checkup on 6/15/18 and was an otherwise healthy child. The mother was listed with no role.

Executive Summary

Upon receipt of the SCR report on 6/16/18, Dutchess County Department of Children and Family Services (DCDCFS) completed an SCR and criminal history check. DCDCFS contacted the source and coordinated with LE. DCDCFS learned the 11-day-old SC had been removed from his mother's care on 6/6/18 by Albany County Department of Children, Youth and Families (ACDCYF) via a 1024 emergency removal. On 6/8/18, ACDCYF filed an Article 10 neglect petition and the Family Court Judge granted the removal. On 6/12/18 the Family Court Judge placed the child in a relative placement in Dutchess County. On 6/16/18 the SC died 4 days later while in the relative's care.

DCDCFS learned through their investigation that on 6/16/18 at 12:00 AM the fiancé was holding the SC in his arms and fed him a bottle. After feeding the SC the fiancé fell asleep with the SC in his arms. The fiancé awoke at 3:00 AM and the SC was unresponsive and cold to the touch. The fiancé ran upstairs to the bedroom and woke the maternal cousin and told her the SC was unresponsive. The fiancé called 911 and was told to start CPR. He laid the SC on the floor and started CPR. EMS arrived and transported the SC to the hospital where the SC was pronounced dead at 4:10 AM.

DCDCFS assessed the safety of the maternal cousin's two children ages 4yo and 9yo (OC) in the household at the time of the fatal incident. DCDCFS made initial contact with the OC at the home of the grandparents. The OC were observed and interviewed and there were no safety concerns identified. DCDCFS requested ACDCYF meet with the SC's mother and obtain releases. ACDCYF met with the mother and notified her of the SC passing. The mother signed releases for ACDCYF. ACDCYF at the request of DCDCFS went to the maternal grandmother's home to see the SS who resided in Albany County. The SS had been in the custody of the grandmother since 2009, through an Article 6 custody petition. The maternal grandmother was not receiving services from ACDCYF. There were no noted safety concerns for the SS. DCDCFS spoke with collaterals able to provide information on the care of the SC, the SS and the OC, and there were no noted concerns for the care of the children. DCDCFS requested that Putnam County Department of Social Services (PCDSS) accept primary investigative responsibility when they discovered a conflict of interest because a family member was an employee for DCDCFS. On 6/17/18, the investigation was transferred to PCDSS. The three counties coordinated efforts to offer bereavement referrals for all family members.

The ME's final autopsy report findings listed the cause and manner of death as, "undetermined." The SC had no physical signs of abuse or neglect. There were no arrests.

PCDSS unsubstantiated the allegations of DOA/Fatality and IG against the cousin and the fiancé for the SC. Based on interviews with LE, medical personnel, family members and collateral contacts, there was no evidence that the actions or in actions of the maternal cousin or her fiance caused the death of the SC. The case was UNF and closed.



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

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 notes a consultation took place, but no details noted.

Explain:

Sufficient information was gathered to make a determination and close this investigation.

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: 06/16/2018

Time of Death: 04:10 AM

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

County where fatality incident occurred: Dutchess

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? 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
At time of incident supervisor was: Not impaired.

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 | 11 Day(s) |
| Deceased Child's Household | Other - Maternal Cousin'd fiance | Alleged Perpetrator | Male | 34 Year(s) |
| Deceased Child's Household | Other - Maternal Cousin | Alleged Perpetrator | Female | 36 Year(s) |
| Deceased Child's Household | Other Child - Maternal Cousin's child | No Role | Male | 9 Year(s) |
| Deceased Child's Household | Other Child - Maternal Cousin's child | No Role | Female | 5 Year(s) |
| Other Household 1 | Mother | No Role | Female | 30 Year(s) |
| Other Household 2 | Father | No Role | Male | 30 Year(s) |

LDSS Response

On 6/16/18, DCDCFS received an SCR report. Upon investigation, DCDCFS learned the SC had been living with the maternal cousin and her fiancé since 6/12/18, after ACDCYF filed a Neglect Petition against the mother. The maternal cousin and her fiancé were interviewed and provided consistent accounts to LE and DCDCFS of the events leading up to the fatal incident. Within the first 24 hours of the investigation DCDCFS discovered a family member involved in the investigation was an employee of DCDCFS. Upon learning this information DCDCFS requested PCDCSS accept primary on the case on 6/17/18.

DCDCFS contacted ACDCYF and requested they meet with the mother and conduct an immediate safety assessment of the 13yo SS who was in Article 6 Custody of the maternal grandmother since 2009 in Albany County. After observing the home, interviewing the SS, speaking with family members and LE, there were no noted safety concerns for the SS. ACDCYF was not providing services to the maternal grandmother and the SS. ACDCYF offered bereavement referrals to the mother and her family and obtained releases from the mother.

DCDCFS conducted a safety assessment of the 2 other children (OC) listed in the home of the SC at the time of the fatal incident. These 2 children were the maternal cousin's and her fiancé's children. DCDCFS made a home visit to the cousin's parents' home and interviewed and observed the 9 and 4yo children. The children had adequate sleeping arrangements. The 9yo OC said the SC slept in a crib in his parents' room. The 9yo SC was asleep at the time of the fatal incident. The 4yo OC was on the couch with her father and the SC. The 4yo OC was at the opposite end of the couch. The



children said they felt safe in their home and there were no noted safety concerns for the children.

DCDCFS interviewed the maternal cousin and her fiancé about the events leading up to the death of the SC. On 6/16/18 the fiancé was holding the SC in his arms on the couch. He said this was at 12:00 AM and he fed the SC a bottle. The fiancé said he fell asleep while holding the SC in his arms. At 3:00 AM he awoke with the SC still in his arms. He patted the SC's bottom and noticed the SC was not moving. The fiancé said he remembered holding the SC's face to his face and it felt cold. The 4yo OC was on the other part of the couch and he did not want to alarm her. The fiancé called to the maternal cousin and ran upstairs to the bedroom with the SC. He gave the baby to his fiancé and called 911. He was advised to perform CPR on the SC, which he did. EMS arrived and took the SC to the hospital. The SC was pronounced dead at 4:10 AM.

DCDCFS spoke with LE and learned the maternal cousin and her fiancé provided consistent statements and were very cooperative. DCDCFS addressed possible alcohol and drug misuse with the cousin and fiancé. They denied any misuse of substances and agreed to a drug and alcohol screen. DCDCYF provided them with bereavement referrals and informed them that PCDSS would complete the investigation due to a conflict of interest. DCDCFS completed all the above activities within the first 24hrs of the investigation. PCDSS took over the investigation on 6/17/18. PCDSS made follow up visits to the maternal cousin's home. PCDSS noted no safety concerns and offered additional referrals to the family.

PCDSS learned from ACDCYF that safe sleep was discussed with the cousin and the fiancé prior to placement and observed the SC had a safe sleeping environment at the time of the placement.

PCDSS worked with ACDCYF and obtained and reviewed all medical records pertaining to the death of the SC as well as the SC's care. PCDSS obtained records and spoke with LE and EMS. PCDSS obtained the drug and alcohol screening on the fiancé and the maternal cousin and the screens were negative. There were no arrests.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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 |
|--|--|-------------------------|--------------------|
| 048267 - Deceased Child, Male, 11 Days | 048394 - Other - Maternal Cousin, Female, 36 Year(s) | DOA / Fatality | Unsubstantiated |
| 048267 - Deceased Child, Male, 11 Days | 048395 - Other - Maternal Cousin'd fiance , Male, 34 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 048267 - Deceased Child, Male, 11 Days | 048394 - Other - Maternal Cousin, Female, 36 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 048267 - Deceased Child, Male, 11 Days | 048395 - Other - Maternal Cousin'd fiance , Male, 34 Year(s) | DOA / Fatality | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fatality Safety Assessment Activities

| | 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"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

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"/> |

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:

The other children in the household at the time of the fatality remained in the care of their parents.

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"/> |
| Economic support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Legal services | <input type="checkbox"/> | <input 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"/> |

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:

PCDSS, DCDCFS and ACDCYF offered referrals to family members for bereavement services.

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

Explain:

PCDSS, DCDCFS and ACDCYF offered referrals to family members for bereavement services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- 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) |
|--------------------|------------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 06/05/2018 | Deceased Child, Male, 1 Days | Mother, Female, 30 Years | Inadequate Guardianship | Substantiated | No |
| | Deceased Child, Male, 1 Days | Mother, Female, 30 Years | Inadequate Food / Clothing / Shelter | Substantiated | |
| | Deceased Child, Male, 1 Days | Mother, Female, 30 Years | Parents Drug / Alcohol Misuse | Substantiated | |

Report Summary:

On 6/5/18, the mother gave birth to a baby boy (SC). The mother was unable to provide care for the child because of her significant untreated mental health issues, chronic homelessness and history of aggression. The mother had a child who was born in 2004. That child had been in the maternal grandmother's custody since 2009, under an Article 6 Family Court petition.

Report Determination: Indicated

Date of Determination: 06/15/2018

Basis for Determination:

ACDCYF determined through interviews and observations that the mother was using illegal drugs on a regular basis, not engaged in her mental health treatment program or taking her medication, and was chronically homeless. This behavior placed the newborn child in impending danger of serious harm. ACDCYF conducted an emergency removal and subsequently filed an Article 10 neglect petition in Family Court. The removal was granted by the Judge on 6/6/18. On 6/12/18, the child was placed with a relative. The allegations of IF/C/S, IG and PD/AM were Sub against the mother for the child. The case was indicated and opened with foster care services.

OCFS Review Results:

ACDCYF fully completed all casework activity in a timely fashion, commensurate with case circumstances.

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

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

SCR report received on 10/23/09, with allegations of IG against the mother for a SS. The allegations were Sub and the case was IND and closed on 12/11/09 with no services required.

The maternal cousin's fiance while employed at a residential treatment facility operated by Office for Children and Family Services, was reported and investigated by Internal Affairs Bureau. The dates of the investigations were 6/17/08, 8/27/08, 3/11/09, 7/7/09 and 11/18/11. The first four were unsubstantiated. The fifth investigation dated 11/18/11, alleged inadequate custodial care and lack of supervision. It was determined that he was playing football leaving one staff member supervising the children on a trip to the park which was against regulation. The allegations were substantiated against him and the case was indicated and closed on 1/7/12. The maternal cousin's fiance had no CPS history with his two children.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes



Date the Child Protective Services case was opened: 06/05/2018

Evaluative Review of Services that were Open at the Time of the Fatality

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Did the service provider(s) comply with the timeliness and content requirements for progress notes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the services provided meet the service needs as outlined in the case record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did all service providers comply with mandated reporter requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, was the response appropriate to the circumstances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Casework Contacts

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were face-to-face contacts with the child in the child's placement location made with the required frequency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Services Provided

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Family Assessment and Service Plan (FASP)

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the most recent FASP approved on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the FASP consistent with the case circumstances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Closing

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the decision to close the Services case appropriate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 06/06/2018

Date of placement with most recent caregiver? 06/12/2018

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the placement comply with the appropriateness of placement standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the most recent placement stable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the agency comply with sibling placement standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was the child AWOL at the time of death? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Visitation

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the visitation plan appropriate for the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was visitation facilitated in accordance with the regulations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there supervision of visits as required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Casework Contacts

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were face-to-face contacts with the child in the child's placement location made with the required frequency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were face-to-face contacts with the parent/relative/discharge resource made with required frequency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Provider Oversight/Training

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did the provider comply with discipline standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were the foster parents receiving enhanced levels of foster care payments because of child need? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was the certification/approval for the placement current? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a Criminal History check conducted? Date: 06/11/2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a check completed through the State Central Register? Date: 06/11/2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a check completed through the Staff Exclusion List? Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Additional information, if necessary: There is no additional information. | | | | |

Foster Care Placement History

On 6/6/2018 the SC was removed via Article 1024 (emergency removal) before a petition was filed. The Article 10 neglect petition was filed and heard on 6/8/18. The Family Court Judge granted the removal and the SC placed in the custody of the Commissioner of Albany County Department of Children, Youth and Families (ACDCYF). Subsequently, on 6/12/18, the Family Court Judge placed the SC with maternal cousin under the article 10 neglect petition. The paternity of the SC had not yet been established. The SC was placed with a relative and received foster care services due to the mother's ongoing substance abuse, mental health issues and chronic homelessness. The mother was granted supervised visitation only with the SC. The mother was ordered by Family Court to find stable housing, participate in substance abuse evaluation and treatment, and follow through with her mental health recommendations, appointments and treatments. On 6/16/18, the SC died from unknown reasons while in the care of the relative who resided in Dutchess County. On 6/25/18, the Article 10 neglect petition was withdrawn without prejudice. The mother had no other children in her care and the foster care case was closed.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to 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: |
|--------------------|--|-----------------------------|
| 06/08/2018 | There was not a fact finding | There was not a disposition |
| Respondent: | 048283 Mother Female 30 Year(s) | |
| Comments: | On 6/12/2018 custody was transferred to a relative via the Article 10 petition in Albany County Family Court. On 6/16/18 the SC died while in the care of the relative. The Article 10 neglect petition against the mother was withdrawn without prejudice on 6/25/18. The mother had no other children in her care. | |

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