



Report Identification Number: AL-17-031

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

Issue Date: Apr 05, 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: 2 month(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 10/25/2017
Initial Date OCFS Notified: 10/26/2017

Presenting Information

On 10/25/2017, the 2-month-old SC was declared brain dead and passed away after he suffered a cardiac arrest incident resulting from co-sleeping with SM on 10/23/2017. Both parents were home and it was unknown if SF was sleeping in bed with SC and SM. The 3 SS had unknown roles.

Executive Summary

On 10/26/2017, Albany County Department for Children, Youth and Families (ACDCYF) received an SCR report regarding the death of the 2-month-old SC. The fatality report was subsequent to an SCR report received on 10/23/2017, regarding the incident that led to SC’s death.

The SC was born premature at 33 weeks gestation and was admitted to the Neonatal Intensive Care Unit (NICU) for a month and discharged home on 9/8/2017. SC initially required oxygen and tube feedings. There were some medical concerns noted and SC was scheduled for a follow up appointment on 11/7/2017.

On 10/23/2017, SF found the SC to be unresponsive in the adult full-sized bed next to SM. SF began CPR, woke SM, and she started performing CPR then called 911 at 1:44 AM. When LE and EMS arrived, SC was warm to the touch, had no pulse and was not breathing. Resuscitative efforts ensued, SC regained a pulse and was transported to Albany Medical Center via ambulance where he was placed on life support. SC was declared brain dead on 10/25/2017, was taken off life support and passed away at 11:52 AM.

The final autopsy report listed the diagnoses of “apparent cardiac arrest during bed sharing, hypoxic-ischemic encephalopathy, bronchopneumonia, thymic involution, history of prematurity, and no congenital abnormalities”. The death certificate listed the manner of death as “undetermined circumstances” and the cause of death as “death during bed sharing” with “prematurity” being another significant condition contributing to death, but not related to cause of death.

ACDCYF assessed the safety of the 15, 10 and 7 yo SS and interviewed them at school. ACDCYF interviewed the 18 yo adult sibling, SM, SF, and SM’s cousin that was in the home the night prior to the incident. The home was assessed to meet a minimum degree of care with proper sleeping arrangements for the children. There was a portable crib in the home that was full of items and was not being utilized for the SC. The 3 SS visited their BM on weekends. ACDCYF added the BM to the case, mailed a Notice of Existence letter and attempted to contact her, although she did not respond. ACDCYF contacted hospital staff, school staff, the pediatrician, LE, the Coroner, substance abuse treatment provider, and first responders from the fire department and EMS. Several progress notes were entered non-contemporaneously, up to 4 months past the event date. LE investigated the incident and no criminal charges were filed.

The investigation revealed concerns for alcohol and marijuana misuse by the SF and during the investigation marijuana was left accessible to the children. ACDCYF referred the SF and SM for a substance abuse evaluation. Both parents completed an evaluation and there were no treatment recommendations for SM. SF denied the need for treatment and declined services. ACDCYF offered the parents Preventive Services, although they declined. Information was provided to the parents on grief counseling and MH counseling services. SM began MH counseling and the 3 SS started receiving counseling services at school.

ACDCYF substantiated the allegations of IG and DOA/Fatality against SM and SF regarding SC. It was determined the



SM was co-sleeping with SC in an adult bed with pillows and a blanket. SF was sitting next to the bed and left the room for a period of at least 15 minutes, when he returned and found SC unresponsive. Pediatrician and hospital records showed the parents were aware of safe sleep recommendations and of the SC’s prematurity and breathing complications, however continued to co-sleep with the SC. The SC suffered lack of oxygen to the brain, which resulted in his death.

PIP Requirement

ACDCYF will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the ACDCYF has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACDCYF will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

The decision to indicate and close the investigation was appropriate.

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:

The decision to close the case was appropriate. Preventive Services were offered, but refused.

Required Actions Related to the Fatality

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



Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Several progress notes were entered non-contemporaneously, up to 4 months past the event date.
Legal Reference:	18 NYCRR 428.5
Action:	Progress notes will be entered contemporaneously to accurately reflect casework activities.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/25/2017

Time of Death: 11:52 AM

Date of fatal incident, if different than date of death:

10/23/2017

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

Unknown

County where fatality incident occurred:

Albany

Was 911 or local emergency number called?

Yes

Time of Call:

01:44 AM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 15 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)



Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Other Household 1	Other Adult - BM of SS	No Role	Female	37 Year(s)

LDSS Response

ACDCYF began the investigation into the incident that lead to SC's death after receipt of an SCR report on 10/23/2017. Through interviews conducted by ACDCYF, it was learned SM fed SC a bottle about 10:00 PM on 10/22/2017, then fell asleep around 12:15 AM. The SC was asleep at that time, swaddled and lying on his back, vertical to SM and near the headboard. SF was sitting on a stool next to the bed playing video games. SC was positioned behind SF and SM was on the other side of SC. There were several pillows on the bed and a blanket. SF went to the bathroom and was gone for approximately 15 minutes. When SF returned, he checked on SC, who didn't move when touched. SF noticed SC was not breathing and there was blood under his nose. SF started performing CPR and blood bubbles came out of SC's nose. SF woke SM and she began performing CPR and then called 911 at 1:44 AM. SF woke up the 18 yo adult sibling and she woke the 15 yo SS. The 10 and 7 yo SS were sleeping and unaware of the incident. LE and EMS arrived and transported SC to the hospital. SF admitted to drinking 2 large beers on 10/23/2017, although denied he was intoxicated. SF denied that he used any drugs that night, although admitted he smoked marijuana daily. SM denied that she used drugs and denied that she drank alcohol that night.

ACDCYF assessed the safety of the SS and interviewed the 15 and 7 yo SS. The 10 yo SS was unable to be fully interviewed due to a developmental disability. The SS reported SC was alert and doing well when they last saw him around 8:00 PM lying in bed next to SM and the SF was playing video games. They reported SC often slept in bed with the parents and the bassinet was inconsistently used. The 15 yo reported being woken up by the 18 yo and told the SC was not breathing and she observed LE and EMS in the home. The 7 yo reported not knowing about the incident until he woke up in the morning. The 3 SS visited their BM on weekends. She was added to the case, sent a Notice of Existence letter, and attempts were made to contact her.

ACDCYF interviewed SM's cousin who was at the home on 10/23/2017. He reported SM fed SC between 9-10:00 PM and SC was awake and alert at that time. He saw SF drink a beer, but denied he was intoxicated. He was in the parents' bedroom with them from 10:00 PM until he left the home at 11:30 PM. When he left, the SS were in their bedrooms sleeping, SC was sleeping, SM was falling asleep and SF was playing video games. He had no concerns for the care of the children.

ACDCYF referred SM and SF for substance abuse evaluations due to concerns raised for marijuana use. SF declined the recommended services and there were no services recommended for SM. The home was assessed to be safe and there was a sober caretaker in the home at each home visit. A locked box was used to keep unsafe items, such as marijuana, out of reach of the children. ACDCYF provided the parents with information on bereavement and MH counseling services. SM began MH counseling and the children started receiving counseling at school.

ACDCYF contacted the necessary collaterals and gathered the documents required to substantiate the allegations against SM and SF. The pathologist that performed the autopsy stated when oxygen to the brain stopped, the SC's gag reflex stopped, which allowed organisms into his lungs. There was an ulceration in his larynx due to intubation, respirator and ventilation. The reason the oxygen to the brain stopped was unknown and could have been due to SC being a preemie, the presence of smoke in the home, co-sleeping, or could have been all four combined. The death certificate listed the cause of death as "death during bed sharing", which was consistent with the information gathered. The parents declined Preventive Services and the case was closed.

Official Manner and Cause of Death



Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Coroner

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
045038 - Deceased Child, Male, 2 Mons	045040 - Father, Male, 42 Year(s)	Inadequate Guardianship	Substantiated
045038 - Deceased Child, Male, 2 Mons	045039 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
045038 - Deceased Child, Male, 2 Mons	045040 - Father, Male, 42 Year(s)	DOA / Fatality	Substantiated
045038 - Deceased Child, Male, 2 Mons	045039 - Mother, Female, 29 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Despite attempts, the BM of the 3 SS was not spoken to. Several progress notes were entered non-contemporaneously, up to 4 months past the event date.



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 safety 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Preventive Services							

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:
SM children started receiving counseling at school.

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

**Explain:**

The SM began MH counseling.

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? 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? Yes

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/23/2017	Deceased Child, Male, 2 Months	Father, Male, 42 Years	Inadequate Guardianship	Indicated	Yes
	Deceased Child, Male, 2 Months	Mother, Female, 29 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 2 Months	Sibling, Female, 18 Years	Inadequate Guardianship	Indicated	

Report Summary:

An SCR report was received alleging that in the early morning hours of 10/23/17, the SM called 911 because the 2-month-old SC was not breathing. The SF had been awake and he was watching the SC, but he handed the baby to the mother so that he could use the restroom. The SM realized the SC was not breathing. It was noted that the SC had bloody bubbles coming out of his nose. The SC was transported to the hospital and was in critical condition when the SCR was notified. All of the adults were considered alleged subjects. The SS had unknown roles.

Determination: Indicated **Date of Determination:** 03/24/2018

Basis for Determination:

ACDCYF substantiated the allegations of IG against SM and SF regarding SC. SC was found unresponsive in an adult



bed while co-sleeping with SM. The parents were aware of safe sleep guidelines, were aware of the complications associated with SC being born prematurely and the episodes of breathing issues at birth, and continued to co-sleep with SC. The allegation of IG against 18 yo adult sibling regarding SC was unsubstantiated as she was just visiting the family and was not considered a person legally responsible for the SC and had no role in the incident.

OCFS Review Results:

ACDCYF interviewed the SM, SF, 18 yo adult sibling and the 3 SS. The home was assessed for safety and the SS's safety was assessed. The necessary collateral contacts were made to support substantiating the allegations. Several progress notes were entered non-contemporaneously, up to 4 months past the event date. The SC died on 10/25/2017 and a fatality investigation was conducted concurrently with this investigation.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

There were several progress notes entered up to 4 months after the event date.

Legal Reference:

18 NYCRR 428.5

Action:

Progress notes will be entered contemporaneously to accurately reflect casework activities.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/27/2017	Sibling, Female, 14 Years	Father, Male, 41 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Male, 6 Years	Father, Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 10 Years	Father, Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 14 Years	Father, Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 6 Years	Father, Male, 41 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 10 Years	Father, Male, 41 Years	Inadequate Guardianship	Unfounded	

Report Summary:

An SCR report was received alleging the SF sold drugs and there were people in and out of the residence as a result. The drug sales occurred while the children were present. The SF and others smoked marijuana in the presence of the children. On Friday 2/24/17, the SF hit the 15 yo SS (then 14 yo) on the shoulder and back of the head for an unknown reason. It was unknown if the child sustained any injuries.

Determination: Unfounded

Date of Determination: 11/02/2017

Basis for Determination:

ACDCYF unsubstantiated the allegations of IG and PD/AM against SF regarding the 3 SS. All family members denied SF sold drugs. SF admitted he smoked marijuana, although denied smoking around the children and there was no documented negative impact on his ability to care for the children. SF admitted to an incident when he pushed the 15 yo SS on the shoulder, however there were no marks or bruises as a result.

**OCFS Review Results:**

There was initial contact made with the SM, SF and 3 SS and safety was assessed. The 7-day safety assessment was completed. There were no follow up contacts with the family documented until 11/1/2017. The SC was born during the open investigation and not added to the case composition. Therefore, there was no documentation that safe-sleep practices were discussed during the open case. There were several progress notes entered non-contemporaneously, up to 6 months after the event date.

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

Issue:

A child was born during an open CPS investigation and never added to the report

Summary:

There was an open CPS Investigation that began 2/27/2017 and remained open when the SC was born on 8/8/2017. The SC was not added to the report.

Legal Reference:

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

Action:

When a child is born during an open CPS Investigation, the child will be promptly added to the case composition.

Issue:

Failure to provide safe sleep education/information

Summary:

There was no documentation in the case record that safe sleep was discussed with the SM and SF regarding the SC or that a safe sleep environment was observed for the SC.

Legal Reference:

13-OCFS-ADM-02

Action:

Safe sleep education will be provided and documented when there is a child under the age of one in a home in circumstances where ACDCYF has an open CPS Investigation with the family.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

There were several progress notes entered up to 6 months after the event date.

Legal Reference:

18 NYCRR 428.5

Action:

Progress notes will be entered contemporaneously to accurately reflect casework activities.

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

An SCR report 7/4/12-9/18/12 with allegations of IF/C/S, IG and LS was unsubstantiated against the BM regarding the 15 yo and 10 yo SS.

An SCR report 8/7/12-10/3/12 with an allegation of IG was unsubstantiated against the SF regarding the 10 yo SS.

An SCR report 10/20/10-12/20/10 with an allegation of EdN was unsubstantiated against the BM regarding the 15 yo SS.

An SCR report 3/25/08-5/8/08 with allegations of LM and IG was unsubstantiated against the BM regarding the 10 yo SS.



Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Preventive Services History

From 11/02/07-8/20/09 there was an open Preventive Services case with the 15 yo and 10 yo SS and their BM. The BM needed assistance securing stable housing and applying for disability benefits and services, due to a medical condition. The BM and SS were able to secure stable housing and the BM was receiving counseling services to assist her. The case closed when all services goals were met.

From 6/4/12-6/30/13 there was a Preventive Services case with the 15 yo and 10 yo SS and their BM. The BM requested services because the family required assistance connecting the 10 yo SS with MH counseling. The BM also needed assistance with her own medication management and medical transportation. The case closed when the SS and the BM were linked with these necessary services.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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