



Report Identification Number: AL-22-013

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

Issue Date: Sep 12, 2022

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Albany
Gender: Female

Date of Death: 04/09/2022
Initial Date OCFS Notified: 04/09/2022

Presenting Information

Two SCR reports were received on 4/9/22 that alleged at approximately 9:25 AM, the mother found the infant unresponsive in the home of the mother, father and adult unrelated home member. The mother last checked on the infant around 5:30 AM, at which time the infant's condition was normal. The mother called for EMS at 9:25 AM; they arrived, attempted CPR, and transported the infant to the hospital. The infant was pronounced deceased at 10:10 AM. The cause of death was unknown and the mother had no explanation for the infant's death.

Executive Summary

On 4/9/22, the Albany County Department for Children, Youth and Families (ACDCYF) received two SCR reports regarding the death of the 11-day-old female infant that occurred on that date. At the time of the infant's death, she resided with her mother, father, and an adult unrelated home member (UHM). The father had two other children, ages 2 years and 8 months, who resided with their mother. Their mother had an additional 12-year-old child (other child) that resided in her home. The father visited the siblings at their home often, but the siblings did not visit the father's home. The unrelated home member had a 10-year-old child who resided with that child's father. It was not documented if the siblings, other child or unrelated home member's child had a relationship with the infant. ACDCYF had an open CPS investigation at the time of the infant's death, which was received on 3/30/22, with concerns that the mother and infant tested positive for marijuana and cocaine at the time of the infant's birth.

Through a joint investigation with law enforcement, it was learned that the infant was healthy and she had no known medical condition. On 4/9/22, the mother awoke around 9:15 AM, and she discovered the infant was unresponsive in her bassinet. The mother called 911 and the unrelated home member held the infant while the mother ran next door to the fire department to seek assistance. Fire department staff assisted, and EMS arrived and performed life-saving measures. The infant and mother were transported to the hospital by ambulance. Life-saving measures continued at the hospital until 10:10 AM, when the infant was pronounced deceased.

The siblings and other child were assessed to be safe in their mother's care and the unrelated home member's child was assessed to be safe in her father's care. A safety plan was devised on 4/9/22 that the parents and unrelated home member would not have unsupervised contact with the siblings, other child, or the unrelated home member's child. Although there were no concerns gathered for the children and the Safety Assessment tool documented no safety factors, the safety plan remained in effect at the time this report was written. The record did not reflect how the safety plan was being monitored.

An autopsy was performed, and the results were pending at the time this report was written. No charges had been filed and the law enforcement investigation remained open pending the final autopsy results. The 3/30/22 and 4/9/22 CPS investigations remained open. Grief counseling was offered to the family, and they declined services at that time.

PIP Requirement

For a citation in a historical case, Rensselaer County Department of Social Services (RCDSS) will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) RCDSS has taken, or will take, to address the cited issue. For issues where a PIP is currently implemented, RCDSS 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? 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 written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The CPS report had not yet been determined at the time this fatality report was written

Was the decision to close the case appropriate? N/A

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

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

Explain:

The Safety Assessment tool was not consistent with the safety plan that was devised. There were no documented casework contacts with the family from 5/2/22 through the date this report was written, despite there being a safety plan in place.

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: 04/09/2022

Time of Death: 10:10 AM

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: 09:25 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? 3 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted Absent

Asleep 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	Female	11 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Female	30 Year(s)
Other Household 1	Other Adult - Siblings' Mother	No Role	Female	28 Year(s)
Other Household 1	Other Child - Other Child	No Role	Male	12 Year(s)
Other Household 1	Sibling	No Role	Female	2 Year(s)
Other Household 1	Sibling	No Role	Female	8 Month(s)

LDSS Response

ACDCYF investigated the infant's death by reviewing SCR history and speaking to the sources of the reports, law enforcement, hospital staff, the pediatrician, substance use treatment provider and the parents. The homes of the parents and the siblings were assessed to be safe, and a safe sleep environment was observed at both homes.

The 3/30/22 CPS investigation revealed that the mother and infant tested positive for marijuana and cocaine at the time of the infant's birth. The mother denied using cocaine, but she admitted to using marijuana. A Plan of Safe Care was completed, and the mother denied using substances since the infant's birth. The mother completed a substance use evaluation and urine drug screen on 4/5/22. The treatment provider confirmed the mother completed an evaluation and a urine drug screen which was positive for marijuana. The provider reported the mother was motivated to stop using



marijuana and she had begun attending group sessions prior to the infant’s death. The father denied substance use and the parents appeared sober at all casework contacts.

The mother reported that on 4/8/22, the infant coughed while she was breastfeeding and the infant’s lips were turning purple. She blew in the infant’s face, and she seemed fine after that. That night, the infant appeared to be acting and eating normally. She last breastfed the infant between 3:45-4:00 AM on 4/9/22, then she placed the infant to sleep on her back in the bassinet around 4:30 AM. She and the father then went to sleep in the same bedroom. She said the infant was swaddled with a thin, snug blanket and there were no other items in the bassinet. Around 5:30-6:00 AM the mother awoke because the infant made a noise. She tried to feed the infant, but the infant was not hungry. The mother changed the infant’s diaper, then placed her in the bassinet on her back and the mother went back to sleep. She awoke around 9:15 AM and she saw that the infant’s lips were purple. She observed dried spit on the right side of the infant’s face. The mother yelled to the father then she called 911 and ran to the fire station next door for assistance.

The father reported that he bottle fed the infant one ounce of breast milk then the mother finished breastfeeding the infant around 4:30 AM. The mother placed the infant to sleep in the bassinet and then he fell asleep. The father woke to a phone call around 9:00 AM, and the mother also woke at that time. When the mother checked on the infant, she was cold. He told the mother to go to the fire department and ask for help, and the unrelated home member held the infant while he got dressed. EMS arrived quickly and transported the infant and mother to the hospital. The father and the unrelated home member remained at the home to speak to law enforcement. When the father later arrived at the hospital, he was told the infant had passed away.

The unrelated home member reported no concerns for the parents’ care of the infant. She said the infant was healthy and happy. She last saw the infant around 11:30 PM-12:00 AM when she changed the infant and gave her to the mother to feed her. Between 9-9:30 AM she awoke to the mother screaming that the infant was not breathing. She ran into the parents’ bedroom and the mother handed the infant to her, then the mother ran next door to the fire station. The mother returned with the ambulance, and she brought the infant outside.

Pediatrician records showed the infant was seen on 4/1/22, and she was determined to be healthy with no concerns. Hospital records stated the infant arrived at 9:44 AM on 4/9/22, and she was unresponsive, cyanotic, and in cardiac arrest. The infant had a slight bump on her head that was confirmed to be caused by the vacuum during childbirth. Despite efforts, medical staff were unable to regain a pulse and the infant was pronounced deceased at 10:10 AM.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 referred to an OCFS approved Child Fatality Review Team? Yes

Comments: The case was referred to a Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

061241 - Deceased Child, Female, 11 Days	061242 - Mother, Female, 32 Year(s)	DOA / Fatality	Pending
061241 - Deceased Child, Female, 11 Days	061242 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Pending
061241 - Deceased Child, Female, 11 Days	061243 - Father, Male, 31 Year(s)	DOA / Fatality	Pending
061241 - Deceased Child, Female, 11 Days	061243 - Father, Male, 31 Year(s)	Inadequate Guardianship	Pending
061241 - Deceased Child, Female, 11 Days	061244 - Unrelated Home Member, Female, 30 Year(s)	DOA / Fatality	Pending
061241 - Deceased Child, Female, 11 Days	061244 - Unrelated Home Member, Female, 30 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The unrelated home member was interviewed on the phone.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
The safety of the surviving children was assessed. Although there were no safety factors identified, a safety plan was devised upon receipt of the SCR report, that the parents and UHM would have no unsupervised contact with the siblings and the UHM's child. The safety plan continued at the time of this writing. ACDCYF assessed risk for the surviving children; however, the RAP had not yet been completed at the time of this writing. The parents were referred for grief services and they declined.

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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? N/A

Explain:

Service needs were not identified for the surviving children.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The parents were referred for grief services and they declined.

History Prior to the Fatality

Child Information

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

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? 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)
03/30/2022	Deceased Child, Female, 1 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Pending	No

Report Summary:

ACDCYF received an SCR report that alleged on 3/29/22, the mother have birth to the infant. At the time of the birth, the mother had a positive toxicology for cannabis and cocaine. The father had an unknown role.

Report Determination: Undetermined

OCFS Review Results:

ACDCYF spoke to the source, interviewed the mother and father, and observed the infant. The mother denied using cocaine but she admitted to using marijuana regularly during pregnancy for nausea. The parents appeared sober at all contacts and there were no drugs or paraphernalia observed in the home. ACDCYF discussed safe sleep guidelines and they completed a Plan of Safe Care. The 7-Day Safety Assessment was completed timely and accurately. The mother completed a drug/alcohol evaluation on 4/5/22. She was recommended for individual and group treatment for marijuana use. The infant died on 4/9/22, and the case continued to be investigated concurrently with the fatality investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/14/2020	Other Child - Other Child , Male, 10 Years	Other Adult - Siblings' Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 3 Months	Other Adult - Siblings' Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Male, 10 Years	Other Adult - Siblings' Mother, Female, 26 Years	Excessive Corporal Punishment	Unsubstantiated	

**Report Summary:**

Rensselaer County Department of Social Services (RCDSS) received an SCR report that alleged the siblings' mother was overwhelmed and stressed with caring for the now 12-year-old other child and the now 2-year-old sibling and there was concern for her mental health and overall ability to care for the children. On 1/14/20, the other child began to walk ahead of the siblings' mother and he picked up a rubber band. The siblings' mother became angry and knocked it out of his hand. She then grabbed the other child by his arms, shook him, and pushed him into a window and then onto the ground. She then threatened him with physical harm when he got home from school.

Report Determination: Unfounded

Date of Determination: 01/22/2020

Basis for Determination:

The investigation revealed the siblings' mother was restraining the other child due to him being disrespectful and not listening. School staff stepped in to assist her with the other child and he went to class once he calmed down. The other child had no marks or bruises from the incident. The family was referred to a program to assist with counseling and respite services for the other child.

OCFS Review Results:

The home was assessed to be safe and a safe sleep environment was observed. The father, the siblings' mother, the other child and a family member were interviewed. Notice of Existence was provided to the required adults. Attempts to interview the father of the other child were not documented. Safety Assessments and the RAP were completed timely and accurately. The family was referred for the necessary services. Collateral contacts were made with the pediatrician and school staff.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

Attempts to interview the father of the other child were not documented.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

RCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

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

RCDSS received an SCR report dated 1/16/19 that was unsubstantiated for the allegations of IG against the father and the siblings' mother regarding the now 12-year-old other child.

RCDSS received an SCR report dated 11/8/18 that was unsubstantiated for the allegations of IG and L/B/W against the father regarding the now 12-year-old other child.

Known CPS History Outside of NYS

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



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