



Report Identification Number: AL-15-016

Prepared by: Albany Regional Office

Issue Date: 3/24/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 09/04/2015
Initial Date OCFS Notified: 09/04/2015

Presenting Information

On 9/4/15 at the subject child passed away in the hospital Pediatric Intensive Care Unit of Albany Medical Center as a result of Necrotizing Enterocolitis (bowel infection). The subject child was born premature at 27 weeks of gestation and was not discharged from the hospital following his birth. At the time of the child's birth the mother tested positive for marijuana. The mother also consumed alcohol throughout her pregnancy and was known to be an active alcoholic.

Executive Summary

This fatality report concerns the death of a two month old male that occurred on 9/4/15 in Albany County. The subject child was born prematurely at 27 weeks and remained hospitalized until his death. Just prior to his death the child was diagnosed with a terminal illness. The subject child died from necrotizing enterocolitis with severe necrosis of the bowel. Prior to his death the parents and the medical care team met to discuss the child's prognosis and it was decided the endotracheal intubation tube would be removed. The child passed away 18 minutes following the removal of the tube. An autopsy was not performed. At the time of the child's death there was an open CPS case with Albany County Department of Children, Youth and Families.

On 6/30/15 ACDCYF received an SCR report alleging Inadequate Guardianship and Parent's Drug and Alcohol Misuse against the mother of the subject child. It was reported at the time the mother gave birth to the subject child she tested positive for marijuana. It was also reported the mother had been in and out of the hospital during her pregnancy for alcohol intoxication. During the subject mother's pregnancy she did receive regular prenatal care. It was noted that during her pregnancy she regularly consumed alcohol to the point of passing out, used marijuana and on one occasion consumed rubbing alcohol. There was also ongoing domestic violence between the mother and father of the subject child in which there was police involvement on several occasions. Both parents were non-compliant with alcohol related services. On 9/1/15 ACDCYF substantiated the allegations of Inadequate Guardianship and Parents Drug and Alcohol Misuse against the mother. However, the hospital social worker reported that it was unclear if the premature birth was due to mother's alcohol/drug use. The case remained opened for services and a FSS stage was opened since throughout the investigation serious concern was identified about the parent's ability to adequately care for the subject child. The CPS investigation was closed and a services case was opened on 9/1/15. After the subject child's death the services case was closed, as there were no other children remaining in the home.

Although there was an Order of Protection prohibiting contact between mother and father due to episodes of significant domestic violence it appeared the parents routinely were in violation of this Order. When interviewed the mother stated she resided with her parents but this was not confirmed during the course of the CPS investigation. The father did have a six-year-old child with his previous paramour. On 8/13/15, an ACDCYF CPS Court Ordered Investigation resulting from the paramour's request to have the father's visits with their child modified due to his alcohol use. On 11/2/15 the allegation of other was substantiated against the father due to his consumption of alcohol to the point that the changes in his demeanor made his daughter feel uncomfortable and scared during visits with him. The Albany County family Court Judge subsequently suspended the father's visits with his daughter.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The subject child's death was reported by ACDCYF via an OCFS-7065. This fatality did not initiate a CPS investigation nor was there an open CPS investigation at the time of the subject child's death.

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

There were no children remaining in the home after the subject child's death. The case was closed for services on 12/11/15.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/04/2015

Time of Death: 12:20 AM

County where fatality incident occurred: ALBANY

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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 [x] Unknown
[] Other



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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	2 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	60 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	60 Year(s)
Deceased Child's Household	Mother	No Role	Female	25 Year(s)
Other Household 1	Father's Partner	No Role	Female	39 Year(s)
Other Household 1	Sibling	No Role	Female	6 Year(s)
Other Household 2	Father	No Role	Male	29 Year(s)

LDSS Response

On September 4, 2015 ACDCYF was notified of the subject child's death by the hospital. The case record also indicates the subject child's father contacted ACDCYF. ACDCYF notified the OCFS Regional Office by phone and in writing on the required notification form. The ACDCYF internal written notification form was submitted to Administrators on 9/8/15. On December 11, 2015 the long term services case was closed.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes



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CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				



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Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 During the CPS investigation alcohol abuse services were offered but refused by the mother of the subject child. No services were offered after the subject child's death.

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:

There were no other children remaining in the home.

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? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:



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- 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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)
06/30/2015	6351 - Deceased Child, Male, 2 Months	6353 - Mother, Female, 25 Years	Inadequate Guardianship	Indicated	Yes
	6351 - Deceased Child, Male, 2 Months	6353 - Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

On June 30, 2015, ACDCYF CPS received a SCR report alleging Inadequate Guardianship and Parent's Drug/Alcohol Misuse against mother regarding the subject child. Father's role was unknown. On June 29, 2015, mother gave birth to the subject child who was 27 weeks premature. The mother tested positive for marijuana and the subject child's toxicology results were negative. The mother was an active alcoholic and drank throughout her pregnancy. Mother was in and out of the hospital for alcohol intoxication several times during her pregnancy. On one occasion, she was found unresponsive on the side of the road.

Determination: Indicated**Date of Determination:** 09/01/2015**Basis for Determination:**

The allegations of Inadequate Guardianship and Parent's Drug and Alcohol Misuse against mother were substantiated. Mother consumed alcohol to the point of intoxication throughout her pregnancy. The subject child was born very prematurely and had a multitude of health issues. The ACDCYF CPS determination stated it can be surmised that the subject child's condition was likely as a result of mother's heavy alcohol throughout her pregnancy.

OCFS Review Results:

ACDCYF CPS did not adequately assess the information that was gathered to make the determination. On 7/1/2015 while the doctor was scanning the baby, it was reported to CPS that it was unclear if the premature birth was due to mother's alcohol/drug use. The hospital records show the subject child's meconium drug screen was negative. There was no credible evidence to indicate the allegation of Parent's Drug and Alcohol Misuse. ACDCYF CPS did not adequately assess safety at 24 hours, 7 days or at the time of determination. ACDCYF CPS selected one safety factor when case notes supported six safety factors for each of these timeframes.

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

Appropriateness of allegation determination

Summary:

There was no credible evidence to support the indication of the allegations.

Legal Reference:



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18 NYCRR 432.2(b)(3)(iii)(c)

Action:

There needs to be an appropriate determination based on the information gathered during the investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/13/2015	6354 - Sibling, Female, 6 Years	6352 - Father, Male, 29 Years	Other	Indicated	No
	6354 - Sibling, Female, 6 Years	6352 - Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Indicated	
	6354 - Sibling, Female, 6 Years	6357 - Father's Partner, Female, 39 Years	Other	Indicated	

Report Summary:

On August 13, 2015 Albany County Family Court directed ACDCYF CPS to conduct a 1034 investigation. A report was requested regarding the safety and well-being of the father's six-year-old child, while in the care her father.

Determination: Indicated

Date of Determination: 11/02/2015

Basis for Determination:

It was determined the allegations of Other and Parents Drug and Alcohol Misuse were indicated against the father of the subject child concerning his six-year-old daughter. Based on the child's disclosure to child's counselor that child's subject father drinks alcohol and child feels unsafe, scared and uncomfortable while she is at subject father's residence for visits. The allegation of Other against the child's mother was unfounded.

OCFS Review Results:

No concerns were identified.

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

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

There was no CPS history in the three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State

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: 09/01/2015

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

	Yes	No	N/A	Unable to Determine
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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"/>
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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 type="checkbox"/>	<input checked="" 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"/>

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.



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

Have any Orders of Protection been issued? Yes

From: Unknown To: 10/16/2015

Explain: Father has a valid refrain from Order of Protection in effect through Cohoes City Court with an expiration date of 10/16/2015. The Order prohibited contact between the father and mother of the subject child. There were several incidents of domestic violence between the parents that resulted in police involvement. A copy of the order was not part of ACDCYF's external case record.

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