



**Report Identification Number: AL-18-033**

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

**Issue Date: May 29, 2019**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Saratoga  
**Gender:** Male

**Date of Death:** 12/24/2018  
**Initial Date OCFS Notified:** 12/24/2018

## Presenting Information

An SCR report alleged the father was home with the child on the morning of 12/24/18. The father put the child down for a nap at 10:00AM and checked on the child at 11:00AM and found the child was not breathing. The father called 911. The child was brought to the hospital in cardiac arrest. The child who was an otherwise healthy child, died an hour and a half later.

## Executive Summary

This fatality report concerns the death of the five-month-old male subject child who died on 12/24/18. Two reports regarding the death were made to the SCR on the same day. There was an eight-year-old surviving sibling who was not in the home at the time of the fatal incident. He was assessed to be safe in the care of his father, who was not the father of the subject child.

Saratoga County Department of Social Services (SCDSS) coordinated investigative efforts with law enforcement upon receipt of the report. SCDSS also contacted Albany County Department for Children, Youth and Families, as the surviving sibling and his father lived in Albany County. Additionally, the child's body and parents were in Albany County at the time the report was made.

The father reported that he and the child laid down together for a nap around 10:00AM in an adult-sized bed. The child was placed on his back and had his head turned to the side. The father awoke around 12:00PM and discovered the child was not breathing, and was blue in color. He noticed smeared blood droplets around the child's mouth and nose; he called 911 and began CPR on the child. Additionally, he called the paternal grandmother and received assistance performing CPR. EMS responded and resuscitation efforts continued as the child was transported to the hospital, where he was pronounced deceased at 1:54PM.

SCDSS gathered information regarding the death from the parents, paternal grandmother, law enforcement, medical examiner, hospital, and other collateral contacts. Law enforcement found no criminality in their investigation, ruled the death accidental, and closed their investigation. The father of the sibling was contacted and no concerns were revealed regarding his son in the care of the subject father and the mother.

Multiple home visits were completed and the safety of the sibling was assessed throughout the investigation. SCDSS offered the family an abundance of services including grief counseling, bereavement services, mental health counseling and a drug/alcohol evaluation for the mother, who had previously physically assaulted the father in the presence of the children while she was intoxicated.

SCDSS added the allegations of inadequate guardianship and drug/alcohol misuse against the mother regarding the child and his sibling upon learning of the incident mentioned above, which occurred in December 2018. Although the mother physically assaulted the father in the presence of the children while she was intoxicated, the allegations were only substantiated regarding the sibling. The basis for determining the allegation as unsubstantiated regarding the subject child was unclear despite his presence in the home during the incident. The allegation of inadequate guardianship was substantiated against the father regarding the child based on evidence that the unsafe sleeping conditions created an immediate or impending danger of serious harm to the child, which may have contributed to his death. A multitude of services were offered; however, the family declined further involvement with SCDSS and the case was closed.



## PIP Requirement

SCDSS will submit a PIP to the Albany Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS 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

**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 has detail of the consultation.

### Explain:

The decision to close the case was appropriate.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of Risk Assessment Profile (RAP)
<b>Summary:</b>	A Risk Assessment Profile (RAP) was completed, but did not accurately reflect case circumstances. "No" was selected for the risk factor relating to the caretaker's alcohol abuse, yet the allegation of PD/AM was added and substantiated.
<b>Legal Reference:</b>	18 NYCRR 432.2(d)
<b>Action:</b>	SCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 12/24/2018

**Time of Death:** 01:54 PM

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

Unknown

**County where fatality incident occurred:**

Saratoga

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

12:18 PM

**Did EMS respond to the scene?**

Yes

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

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**How long before incident was the child last seen by caretaker?** 2 Hours

**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	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	8 Year(s)
Other Household 1	Other Adult - BF of SS	No Role	Male	29 Year(s)

### LDSS Response

SCDSS initiated their investigation and coordinated investigative efforts with law enforcement upon receipt of the SCR report, which was received on 12/24/18. SCDSS contacted the source of both reports, notified the coroner and district



attorney of the death, and reviewed CPS history. Additionally, a safety plan was created with the family as there was recent history of the mother physically assaulting the father while she was intoxicated. The father of the sibling agreed to be the sole caretaker for the sibling while the investigation was ongoing.

On 12/24/18, SCDSS participated in interviews with the parents at the law enforcement barracks. The father reported he picked the child up from the paternal grandmother’s home around 8:30AM that morning. He said the child was acting normally, and they laid down together in an adult-sized bed with several pillows and blankets around 10:00AM. The father and child regularly took naps in the same bed in the mornings. The child was placed on his back, with his head turned to the side and was surrounded by pillows in an effort to keep him in one place. The father fell asleep and awoke around 10:30AM to find the child had moved up in the bed, was unresponsive and not breathing. He immediately called 911 and his mother, who lived next door, and began to perform CPR to the best of his ability. He administered rescue breaths to the child, but did not perform chest compressions. He observed the child to have blood droplets on his nose and mouth.

At the time of the fatal incident, the mother was at work. She received a call from the father explaining the child was not breathing and she rushed home. When she arrived, the first responders were tending to the child. The mother said despite having previously received safe sleep recommendations and guidance, the parents sometimes co-slept with the child during the night, and the father would regularly nap with the child in their bed.

SCDSS interviewed several collateral contacts including first responders, hospital staff and the paternal grandmother. The grandmother said she went to the home after having heard the child was unresponsive. She did not report any concerns for the care the parents gave the child or the sibling and said that the family had all co-slept with the child. Hospital staff did not note any bruising or other signs of abuse when the child arrived at the hospital.

The medical examiner did not find any obvious signs of abuse or trauma to the child and ruled the death as “death while bed-sharing,” and was unable to confirm whether co-sleeping was the primary cause of death. The manner of death was ruled accidental by both the medical examiner and law enforcement. The criminal investigation was closed without criminal charges.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** Saratoga Department of Social Services does not have an OCFS-approved Child Fatality Review Team at this time.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048767 - Deceased Child, Male, 4 Month(s)	048768 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated



# Child Fatality Report

048767 - Deceased Child, Male, 4 Month(s)	048764 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
048767 - Deceased Child, Male, 4 Month(s)	048764 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
048767 - Deceased Child, Male, 4 Month(s)	048764 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
048767 - Deceased Child, Male, 4 Month(s)	048768 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
048769 - Sibling, Male, 8 Year(s)	048768 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
048769 - Sibling, Male, 8 Year(s)	048764 - Father, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

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

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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"/>

**Explain:**  
 Although SCDSS identified a risk element and offered Preventive Services, the Risk Assessment Profile was not completed accurately. The risk factor regarding the caretaker's alcohol use having had a negative impact on child care and family relationships was not answered "yes," despite the information recorded in the investigation.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The surviving sibling remained in the care of his parents.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.





### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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? No

#### Infants Under One Year Old

#### During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Had heavy alcohol use
- Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- 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)	Allegation Outcome	Compliance Issue(s)
04/25/2016	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother was unable to adequately provide food for the sibling. The mother had no transportation to get food and groceries from the store, and there was not adequate food in the home for the sibling to eat. The mother did not make adequate arrangements to provide food for the sibling, and the situation was ongoing.

**Report Determination:** Unfounded

**Date of Determination:** 07/15/2016

**Basis for Determination:**

Albany County Department for Children, Youth and Families (ACDCYF) unsubstantiated the allegations of IF/C/S and IG after conducting unannounced home visits and observing food in the maternal grandmother's home, which was where the mother and sibling ate regularly.

**OCFS Review Results:**

Although the mother and sibling were seen during the investigation and the reported concerns were addressed, there was no documentation of an assessment of other potential areas of concern. A CPS history check was not documented for the family, and there was not documentation collateral contacts were interviewed regarding safety and risk factors. Progress notes were entered more than two months after their event dates and did not reflect how information was gathered to complete the Safety Assessments or RAP. Additionally, the 7-day Safety Assessment was not completed timely.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

Although the 7-day Safety Assessment was completed, the basis for decisions was not clear. Additionally, the Safety Assessment was not completed and approved until 7 days after the due date.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACDCYF will complete and approve all Safety Assessments in the amount of time required and obtain information to adequately answer the questions within the Safety Assessment.

**PIP Requirement:**

ACDCYF will submit a PIP to the Albany Regional Office within 30 days of the 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.



**Issue:**

Review of CPS History

**Summary:**

The case record did not reflect that ACDCYF reviewed all prior CPS history within regulatory required timeframes or at any point during the investigation.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of a report, ACDCYF must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, ACDCYF will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

Although the worker spoke to family members, there was no discussion about the mother's alcohol abuse or violence in the home.

**Legal Reference:**

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

**Action:**

ACDCYF will contact or make diligent efforts to contact relevant collateral sources, who may have information relevant to the investigation, and speak to possible safety and risk factors for the children.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

Although a home visit was made and the reported allegations were addressed with the family, conversations with the family were lacking key safety-related and risk questions. The record did not contain adequate information upon which to base a safety or risk assessment.

**Legal Reference:**

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

**Action:**

ACDCYF will prioritize making an adequate assessment of safety and risk to all children in the household, and continue an on-going assessment of safety and risk throughout the length of the investigation.

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

The family's Child Protective Services history more than three years prior to the fatality occurred in Albany County, and ACDCYF conducted the investigations.

An SCR report 07/11/13 - 09/09/13 with allegations of IF/C/S and LS was unsubstantiated against the SM regarding the SS. The allegation of IG was unsubstantiated against the BF of the SS regarding his child.

An SCR report 09/12/13- 11/19/13 with allegations of IF/C/S, LS, IG and PD/AM was unsubstantiated against the SM regarding the SS.

**Known CPS History Outside of NYS**

There was no known 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

### Additional Local District Comments

Parents engaged in a physical altercation on one occasion and mother was intoxicated during the incident. As documented in progress notes in the case record, mother attended a substance abuse evaluation during which time the evaluator determined that there were no concerns for substance issues and does not feel she (mother) meets criteria for needing treatment. Further, mother attended a follow up appointment with the evaluator during which time it was reported that her drug screens were negative and that she was not recommended for substance treatment; this was documented in progress notes of the case record. NYS OCFS Safety and Risk Refresher for Child Welfare Professionals two-day training guide page 7-8 addresses this RAP question (#8) regarding Caretaker’s alcohol use. SCDSS Caseworker reviewed this RAP definition contained in the NYS OCFS training guide and determined that based on the fact that the mother was intoxicated on one evening, she attended a substance abuse evaluation and it was determined that no treatment was needed as there were no concerns for substance abuse issues that the answer to this RAP question would be “no”. Specifically, the training guide states “Respond No to this Risk Element if the caretaker had an alcohol problem in the past, .... Without any other evidence of continuing alcohol use within the last two years, do not consider this, by itself, a current alcohol problem.” The NYS Child Protective Services Manual Chapter 6, Section E states “In New York State CPS practice, “risk” is defined as the likelihood that a child may be abused or maltreated in the future. A substance abuse evaluation that reports no substance abuse issues are present and no treatment is needed adequately assessed the “risk” of future maltreatment and offsets any concerns.

### 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