



Report Identification Number: SV-21-001

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

Issue Date: Jun 18, 2021

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: 2 month(s)

Jurisdiction: Ulster
Gender: Female

Date of Death: 01/03/2021
Initial Date OCFS Notified: 01/04/2021

Presenting Information

Ulster County Department of Social Services completed an OCFS-7065 Agency Reporting Form on 1/6/2021, after learning of the 2-month-old female subject child's death. The child was born at 25 weeks gestation and remained in the hospital until her passing on 1/3/2021. The child died during an open CPS investigation alleging the mother was critically ill and was in the Intensive Care Unit with deteriorating health and no plan was made for the child. The father refused to take responsibility for the care of the child.

Executive Summary

This fatality report concerns the death of the 2-month-old female subject child that occurred on 1/3/21. The child died during an open CPS investigation alleging the child was born prematurely and suffered medical complications as a result. The mother was critically ill prior to and following the birth, and was unable to plan for the child's care. The father was refusing to take responsibility for the child's medical decisions. At the time of the child's death, she resided with her mother and two siblings, ages 3 and 5 years. They were assessed to be safe throughout the investigation.

Ulster County Department of Social Services (UCDSS) learned of the death while speaking to the great grandmother on 1/4/21. UCDSS provided the Westchester Regional Office with the required 7065-Agency Reporting Form within the required timeframe. The mother was intubated and sedated throughout the majority of the investigation and was unable to make decisions for the child's medical care. The father was not able to care for the children alone; however, wanted to remain in the children's lives. As a result, the grandmother cared for the siblings prior to the child's death and was deemed the healthcare proxy for the mother and the child.

UCDSS obtained hospital records which listed the cause of death as cardiopulmonary arrest with withdrawal of care secondary to necrotizing enterocolitis totalis. An autopsy was not performed.

UCDSS obtained information regarding the death from the family and hospital staff. A thorough investigation into the death was completed and casework requirements were met prior to case closure. The family was offered bereavement services and funeral assistance in response to the fatality. The grandmother accepted the services, and the case was closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?**



- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:
The investigation that was open at the time of death was appropriately determined and closed. Safety Assessments were not required as part of gathering information on the death as the death was not reported to the SCR.

- 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 case was closed after all casework requirements and contacts were met.

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: 01/03/2021 **Time of Death:** 04:47 PM

Date of fatal incident, if different than date of death: 10/13/2020

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

County where fatality incident occurred: Ulster

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

Child's activity at time of incident:

<input type="checkbox"/> Sleeping	<input type="checkbox"/> Working	<input type="checkbox"/> Driving / Vehicle occupant
<input type="checkbox"/> Playing	<input type="checkbox"/> Eating	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Other: Hospitalized		

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

<input type="checkbox"/> Distracted	<input type="checkbox"/> Absent
<input type="checkbox"/> Asleep	<input type="checkbox"/> 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	No Role	Female	2 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	47 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Other Household 1	Other Adult - Great Grandfather	No Role	Male	70 Year(s)
Other Household 1	Other Adult - Great Grandmother	No Role	Female	70 Year(s)
Other Household 2	Father	No Role	Male	29 Year(s)

LDSS Response

On 10/21/2020, UCDSS received an SCR report regarding concerns the mother was hospitalized and as a result, she was unable to make decisions for the subject child's medical treatment. The child was born prematurely at 25 weeks gestation and remained in the hospital for the duration of her life.

The hospital staff was unable to contact the father to create a plan for the child's medical treatment. The mother was intubated and sedated since giving birth to the child on 10/13/2020 and the mother's condition was not improving. It was reported the grandmother called the hospital to check on the child twice daily and visited her daily and was deemed appropriate with the child.

On 10/21/2020, UCDSS contacted the grandmother and learned the siblings were safe in her care. The grandmother filed for custody of the children prior to the SCR report being made as she was aware the mother could not care for the children, and believed the father was unable to do so as well. The siblings were assessed to be safe in the grandmother's care. The investigation revealed the father agreed that the grandmother would be the healthcare proxy for the child. The grandmother provided information that prior to the birth, the mother became critically ill and was rushed to the hospital for emergency surgery.

The father was interviewed and stated he signed consent for the grandmother to care for the children; however, did not wish to lose custody of the children. He agreed the grandmother could care for the siblings until he was able to provide for them.

On 1/4/2021, UCDSS learned from the great grandmother that the child passed away as there were complications due to her premature birth. The hospital staff was unable to operate on the child to rectify the situation, and on 1/3/21, the child's breathing tube was removed, and the mother held the child for the first time as she passed away.

The siblings were observed during the investigation and were deemed safe with the grandmother. The children were interviewed and expressed no concerns for their care or safety. They were not aware of their mother's condition or that their sister had passed away.

UCDSS contacted family and friends to gather information regarding the family's care of the children. There were no concerns expressed for the safety of the children. The mother was unable to be interviewed as she was hospitalized



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throughout the investigation. UCDSS offered relevant services to the family in response to the death. After completing required casework activities and deeming the siblings safe in the care of the grandmother, the 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?No

Comments: Ulster County does not have an OCFS-approved Child Fatality Review Team.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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

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

Explain:
The grandmother was accepting of the services and stated they would be beneficial for the family.

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 siblings did not need to be removed as a result of the fatality.

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

Explain:

The family was offered bereavement services in response to the fatality.

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

Explain:

The adults were provided with referrals for bereavement counseling and funeral assistance in response to the death.

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? Yes

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 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)
10/21/2020	Deceased Child, Female, 2 Months	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Female, 2 Months	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged on 10/13/2020, the mother gave birth to the subject child. The mother was seriously ill and was in the Intensive Care Unit and her condition was worsening. The child was at the hospital's Neonatal Intensive Care Unit due to her premature birth and respiratory issues. The mother was unable to make a plan for the care of the child. The father refused to respond to the hospital or take responsibility for the care of the child.

Report Determination: Unfounded**Date of Determination:** 01/19/2020**Basis for Determination:**

The allegations were unsubstantiated as the investigation revealed the father did not have the means to care for the children; however, he expressed interest in a custody agreement with the maternal grandmother so she could care for the children. The grandmother petitioned for custody of the siblings and they appeared to be safe and comfortable in her care.

OCFS Review Results:

The investigation was initiated timely and the source was contacted. The Safety Assessments and RAP were completed accurately. The 7-day Safety Assessment was completed untimely. A CPS history check was documented timely and Notice of Existence letters were provided timely. Home visits were made and the siblings were assessed to be safe in the care of the grandmother. Safe sleep information was provided to the grandmother. Interviews with the family and collateral contacts were thorough. The mother was unable to be interviewed as she was unable to speak during the times she was not intubated or sedated during the investigation. The family was offered with services in response to the death.

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

Timely/Adequate Seven Day Assessment

Summary:

Although completed accurately, the 7-day Safety Assessment was completed untimely on 11/10/2020.

Legal Reference:

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

Action:

UCDSS will complete all Safety Assessments in the accordance with regulations.

PIP Requirement:



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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of New York.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	The grandmother filed for custody of the children prior to the child's death. The hearing was scheduled for 1/21/21. The details of the hearing were unknown as the investigation was closed prior to the hearing.	

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