



Report Identification Number: AL-19-027

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

Issue Date: Dec 31, 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

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



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Fulton
Gender: Male

Date of Death: 08/14/2019
Initial Date OCFS Notified: 08/14/2019

Presenting Information

On 8/14/19, Fulton County Department of Social Services (FCDSS) received a report from the SCR alleging on the same date, while highly intoxicated, the mother fell asleep with the one-month-old infant on her chest. The uncle and grandmother attempted to intervene regarding the mother co-sleeping with the infant, but still allowed her to sleep with the infant. The grandmother was also intoxicated at the time. The infant became unresponsive and died at 3:21AM on 8/14/19.

Executive Summary

This fatality report concerns the death of the one-month-old male subject child who died on 8/14/19. A report was made to the SCR on the same day, which was a subsequent report regarding concerns that the infant passed away while co-sleeping with the mother. The initial report was made to the SCR when the infant was born due to his positive toxicology for illicit substances. The mother had a history of abusing alcohol and illicit substances. At the time of his death, the infant was residing at home with his mother, maternal grandmother, and maternal uncle. There were no surviving siblings or other children in the home. The father did not reside in the home, but had frequent contact with the mother and his infant son.

Fulton County Department of Social Services (FCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed; however, the medical examiner's report was pending at the time this report was written.

The mother reported the day and night leading up to the death was typical. The mother reported she drank five 16oz cans of beer throughout the night prior to going to sleep. Through interviews with collateral resources, it was learned the mother was also under the influence of illicit substances the night leading up to the child's death. The mother reported the infant woke up during the night and was fussy. She placed the infant on her chest in the bed with her. The grandmother recalled checking in on the mother and infant around 12-12:30AM and found the infant unresponsive. The grandmother called 911 and began resuscitation efforts at the instruction of the 911 operator. First responders arrived and took over CPR and transported the child to the hospital. The child was pronounced dead at 3:21AM.

FCDSS gathered information about the child's death from the mother, father, grandmother, uncle and the first responders. Several collateral contacts were made with family members, the pediatrician, first responders from law enforcement, EMS, and the fire department.

FCDSS conducted home visits and services were offered to the mother in response to the fatality. The mother and grandmother were open to bereavement services, but it was unknown if they followed up with the referrals. FCDSS was unable to locate the mother at the time of the investigation closing. FCDSS had concerns that the mother was pregnant and wanted to offer additional support and services but were unable to ascertain her whereabouts. FCDSS made diligent efforts to locate her and learned from the probation department that she had an outstanding warrant on a matter unrelated to the fatality. The probation department had also lost contact with the mother at the time the case was closing. FCDSS appropriately indicated the allegations against the mother, grandmother, and maternal uncle. All had knowledge that the mother was under the influence of illicit substances at the time of the incident. The grandmother, uncle, and father were all considered a safety plan for the infant but did not keep the infant safe when the mother went to sleep with the child. FCDSS completed all required reports timely and accurately and conducted a thorough investigation.



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

Explain:

FCDSS conducted a thorough investigation into the allegations. A safety assessment was not necessary at the time of determination as there were no surviving siblings.

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:

FCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. FCDSS appropriately determined the allegations given the information obtained during the investigation.

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: 08/14/2019

Time of Death: 03:21 AM

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

County where fatality incident occurred: Fulton

Was 911 or local emergency number called? Yes

Time of Call: 02:00 AM



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

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	Aunt/Uncle	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	53 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	28 Year(s)

LDSS Response

On 8/14/19, FCDSS received the fatality report from the SCR regarding the death of the one-month-old infant that happened the same day. FCDSS coordinated with law enforcement, contacted the source, completed a CPS history check, notified the medical examiner's office and the district attorney's office of the death.

FCDSS had been involved with the family since the infant's birth on 6/29/19 due to the mother's substance abuse history while pregnant and the infant's subsequent positive toxicology at birth. At the time the infant was born, a Plan of Safe Care was developed by Albany County Department for Children Youth and Families (ACDCYF) in coordination with Albany Medical Center as the infant was hospitalized for a period at Albany Medical Center following his birth. The Plan of Safe Care was provided to FCDSS to monitor.

Through interviews with the mother and grandmother, it was learned the day leading up to the death was not unusual. The infant ate a normal amount and napped frequently. Between 7:30 and 9:45PM, the mother was in and out of the home with the infant. During this time, the mother was drinking alcohol to the point of intoxication. Through collateral contacts, it was learned the mother was also using illicit drugs. The grandmother, who was also an approved caretaker for the infant per the Plan of Safe Care, was under the influence of alcohol and cocaine throughout the evening. The mother returned home around 9:45PM and placed the infant in his bassinet before going to sleep in her bed. At an unknown time, the infant began crying and became fussy, so the mother placed the infant on her chest, and both fell asleep. The mother reported she



was awakened by the grandmother who said the infant was unresponsive. The grandmother called 911 and began CPR at the instruction of the 911 operator. First responders arrived and transported the infant to the hospital where he was pronounced dead at 3:21AM.

During the investigation, the identity of the biological father was learned. The biological father reported he had regular and consistent contact with the mother and his infant son. The father was aware of the mother’s substance abuse history. On the night leading up to the death, the father purchased alcohol for the mother knowing she was caring for the infant.

FCDSS interviewed the uncle who reported he witnessed the mother drinking alcohol throughout the night of 8/13/19. The uncle said he dumped out some of the cans when the mother set them down as she was an alcoholic and he knew she had been drinking too much.

FCDSS obtained information about the death of the subject child from law enforcement, the medical examiner, emergency services, medical records from the hospital and pediatrician. FCDSS spoke with the probation department regarding the mother as she was on probation and regularly was given urine toxicology screens. It was learned the day before and day of the death, the mother tested positive for cocaine and marijuana. At the time of this writing, the probation department was unable to locate the mother and there was a warrant out for her arrest for a matter unrelated to the death.

FCDSS offered the parents, grandmother, and uncle referrals for bereavement services. At the time of the case closing, FCDSS was unable to ascertain the family’s whereabouts as they had moved. FCDSS made diligent efforts and enlisted several collaterals in an attempt to locate the family, but they were unsuccessful.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

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: There is no OCFS approved Child Fatality Review Team in Fulton County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052366 - Deceased Child, Male, 1 Mons	052369 - Aunt/Uncle, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
052366 - Deceased Child, Male, 1 Mons	052368 - Grandparent, Female, 53 Year(s)	DOA / Fatality	Unsubstantiated
052366 - Deceased Child, Male, 1 Mons	052368 - Grandparent, Female, 53 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
052366 - Deceased Child, Male, 1 Mons	052367 - Mother, Female, 33 Year(s)	DOA / Fatality	Substantiated
052366 - Deceased Child, Male, 1 Mons	052369 - Aunt/Uncle, Male, 26 Year(s)	Inadequate Guardianship	Substantiated



052366 - Deceased Child, Male, 1 Mons	052367 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
052366 - Deceased Child, Male, 1 Mons	052368 - Grandparent, Female, 53 Year(s)	Inadequate Guardianship	Substantiated
052366 - Deceased Child, Male, 1 Mons	052370 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
052366 - Deceased Child, Male, 1 Mons	052369 - Aunt/Uncle, Male, 26 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
052366 - Deceased Child, Male, 1 Mons	052367 - Mother, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

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



Child Fatality Report

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

Following the death, FCDSS provided the family with referrals for bereavement counseling. Additionally, FCDSS provided the mother a multitude of resources related to substance abuse treatment, which the mother was ordered to complete as part of her probation. The mother failed to follow through with recommendations. At the time of case closing, the mother was unable to be located.

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 surviving siblings or other children in the household.

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

Explain:

The mother and grandmother were offered bereavement services. Additionally, the mother was offered referrals for substance abuse treatment.

History Prior to the Fatality



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? N/A
 Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- | | |
|--|--|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input checked="" type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input checked="" type="checkbox"/> Used illicit drugs |
|--|--|

Infant was born:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed
<input type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)
06/30/2019	Deceased Child, Male, 1 Days	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The mother gave birth to the subject child on 6/29/19. The mother's toxicology was positive for cocaine and marijuana at the time of delivery.

Report Determination: Indicated **Date of Determination:** 11/20/2019

Basis for Determination:

FCDSS determined there was credible evidence that the mother used illicit substances during her pregnancy with the subject infant. As a result, the infant was born with a positive toxicology for said substances. The mother continued to use illicit substances following the birth and was often the sole caretaker for the infant while under the influence. Ultimately, the infant passed away following an incident where the mother co-slept with him while under the influence of illicit substances.

OCFS Review Results:

FCDSS accurately determined the allegations in the report. FCDSS failed to enter progress notes in a timely manner with 25 of the 74 notes entered more than a month after the event dates. Although a Plan of Safe Care was developed, FCDSS did not document and monitor the Plan of Safe Care to address the substance abuse needs of both the mother and infant prior to the infant's death. The safety assessment was not approved until 16 days after the case initiation date. Additionally, the safety assessment did not accurately reflect the safety decision or take into account the safety plan that was initiated.

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

Issue:



Timely/Adequate Seven Day Assessment

Summary:

The safety assessment was not submitted until 11 days after the case came in and not approved until 16 days after. Additionally, FCDSS failed to take into consideration the safety plan that had been put in place, which should have elevated the safety decision from a safety decision 2 to a safety decision 3. There were safety factors present that placed the child in impending danger.

Legal Reference:

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

Action:

FCDSS will complete all assessments and accurately reflect the safety factors that are present, along with any safety plan that has been devised. Additionally, within seven days of receiving a report, FCDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Issue:

Failure to complete, document, and monitor a Plan of Safe Care

Summary:

Albany County Department for Children Youth and Families (ACDCYF) developed and documented a plan of safe care immediately after the infant's birth. The Plan of Safe Care was not monitored or addressed with the family by FCDSS despite knowledge the infant was identified as being born exposed to substances and the mother was not engaged in treatment.

Legal Reference:

17-OCFS-LCM-03 & 18-OCFS-LCM-06

Action:

FCDSS will complete, document and monitor a Plan of Safe Care that specifically addresses the child(ren) affected by substance abuse and the affected caregiver.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

FCDSS entered 25 of the 74 progress notes more than a month after their event dates.

Legal Reference:

18 NYCRR 428.5

Action:

All progress notes will be entered as contemporaneously as possible to their event dates.

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

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

Known CPS History Outside of NYS

There was no known history outside of NYS.



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