



Report Identification Number: AL-21-013

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

Issue Date: Nov 03, 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: 3 month(s)

Jurisdiction: Columbia
Gender: Male

Date of Death: 05/12/2021
Initial Date OCFS Notified: 05/12/2021

Presenting Information

On 5/12/21, the mother went to bed with the 3-month-old male subject child at 1:00 AM. When the mother awoke at 6:15 AM, she found the child unresponsive and not breathing. The mother called 911 and EMS arrived shortly thereafter. CPR was performed by EMS at the residence and in the ambulance as the child was transported to the hospital. The child was pronounced deceased at 6:56 AM. The child had no known medical conditions. A subsequent report was received on the same day with additional allegations that the home was unsanitary with dirty dishes in the sink and on the counter, an overflowing trashcan and garbage throughout the home causing a foul odor. There were kitchen shears and knives easily accessible to the child and siblings, ages 5 and 11 years.

Executive Summary

This fatality report concerns the death of the 3-month-old male subject child that occurred on 5/12/21. Two reports were made to the SCR on the same day with concerns the child was found unresponsive and not breathing after co-sleeping with the mother. There were additional concerns that the home was a safety hazard for the child and the siblings, ages 5 and 11 years, who resided in the home. At the time of his death, the child resided with his mother and his siblings. The father of the children was hospitalized prior to the child's death and remained inpatient throughout the duration of the investigation. The father had other minor children, 14 and 16 years, who resided with their mother. The children were assessed to be safe in the care of their mothers and the father's friend.

Columbia County Department of Social Services (CCDSS) coordinated investigative efforts with law enforcement immediately upon receipt of the SCR report. Law enforcement closed their case without filing criminal charges. An autopsy was performed, and the cause of death was accidental positional asphyxia due to co-sleeping and the manner of death was accidental.

The mother reported the child was fussy on the night prior to his death and cried excessively. The mother placed the child on her chest in their bed and when the child stopped crying, she fell asleep. The mother awoke approximately three hours later and found the child unresponsive and not breathing. She called 911 and performed CPR until first responders arrived and took over lifesaving efforts. The child was transported to the hospital where he was declared deceased.

The siblings who resided in the home were interviewed and did not disclose concerns for their safety. Additionally, the siblings who did not reside in the home were assessed to be safe with their caretakers.

CCDSS obtained collateral information from first responders, the hospital, family members and the pediatrician. The pediatrician saw the child at a well-child visit on 5/7/21 and had a concern for the mother's smoking. The pediatrician informed the mother of the possible complications to the child as a result of her smoking.

Multiple home visits were made during the investigation and the safety of the children was assessed thoroughly. The family was offered services in response to the death including mental health and bereavement counseling, and drug treatment services as the mother had a history of substance abuse. Additionally, CCDSS provided the family with vouchers for clothing and other necessities.

The father had ongoing serious medical conditions prior to the death of the child and was not residing in the home at the time of the child's death; therefore, given the circumstances surrounding the father's health, he was interviewed over the



phone. He did not have concerns for the care the mother provided to the children.

CCDSS completed all Safety Assessments and required reports timely and accurately. Progress notes were not entered contemporaneously to their event dates. CCDSS substantiated the allegations of Inadequate Guardianship and DOA/Fatality against the mother. The record reflected the mother’s actions placed the child at risk of harm when she co-slept with the child and the medical examiner’s report deemed the child’s death was a result of co-sleeping. The allegations of Inadequate Food/Clothing/Shelter against the children and Inadequate Guardianship against the siblings were unsubstantiated as the investigation did not reveal credible evidence. The home was observed to have some clutter, but the environment did not present a safety concern for any of the children. A Preventive Services Case was opened to provide ongoing assistance to the family.

PIP Requirement

CCDSS 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 CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS 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

Explain:

The investigation was closed after casework requirements were met. The family remained opened for Services.

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

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

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

**Explain:**

Casework activity was not commensurate with case circumstances as progress notes were not entered contemporaneously to their event dates.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Progress notes were not entered contemporaneously and were entered up to 3 months after their event dates. In one fatality investigation, 41 out of 165 notes were entered untimely. In another fatality investigation, 96 out of 165 notes were untimely.
Legal Reference:	18 NYCRR 428.5
Action:	Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Fatality-Related Information and Investigative Activities**Incident Information**

Date of Death: 05/12/2021

Time of Death: 06:56 AM

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

Unknown

County where fatality incident occurred:

Columbia

Was 911 or local emergency number called?

Yes

Time of Call:

06:13 AM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

How long before incident was the child last seen by caretaker? 3 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0



Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Other Household 1	Other Adult - Mother of 14 and 16-year-old siblings (OA)	No Role	Female	43 Year(s)
Other Household 1	Sibling	No Role	Female	14 Year(s)
Other Household 1	Sibling	No Role	Male	16 Year(s)
Other Household 2	Father	No Role	Male	41 Year(s)

LDSS Response

On 5/12/21, CCDSS received two reports from the SCR regarding the child's death. Within the first 24 hours of the investigation, CCDSS coordinated investigative efforts with law enforcement, completed a CPS history check and contacted the sources of the reports. The district attorney and medical examiner's offices were made aware of the death, and the siblings were assessed to be safe.

Law enforcement shared information that around 12:00 AM, the child was fussing in his bassinet. The mother took the child from the bassinet and placed him on top of her chest while she laid in her bed. Around 2:00 AM, the child had stopped crying and the mother fell asleep. Around 6:15 AM, the mother awoke and found the child unresponsive and not breathing. The mother described the child's face to be "smushed." She called 911 and performed CPR until first responders arrived and took over resuscitation efforts as the child was transported to the hospital. The child was in rigor mortis, had stiff limbs, was cold to the touch and was pale when he arrived at the hospital.

A home visit was conducted alongside law enforcement and the mother's bed was observed. On the bed, there was a pile of laundry, a bag of medications, a package of baby wipes, cookies and a beverage. The child's bassinet contained a Boppy pillow, blanket, bottle, stuffed animals and a plastic light. The mother said the child cried more than usual on the night prior to his death. She fell asleep between 1:00 AM- 2:00 AM with the child on her chest and when she woke up, the child was unresponsive, and she called 911. The mother was screaming, which woke up the 5 and 11-year-old siblings who resided in the home.

The siblings who were present said they woke up to the mother screaming that the child could not breathe. The 11-year-old sibling saw the mother and EMS performing CPR. The 11-year-old sibling said he saw the child and mother asleep in the bed before he went to sleep as well. The sibling stated the child regularly slept in the bassinet as well as the bed. The siblings who resided outside of the home did not have additional information regarding the death.

Throughout the investigation, service needs were identified for the family and a Preventive Services Case was opened.



CCDSS requested the mother have ongoing drug screenings as she had a history of drug abuse, and the 5-year-old sibling needed an evaluation for a speech delay. Furthermore, the family was seeking assistance in moving to be closer to relative resources. The investigation was closed on 9/27/21.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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? Yes

Comments: The death was referred to an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058280 - Deceased Child, Male, 3 Mons	058281 - Mother, Female, 35 Year(s)	DOA / Fatality	Substantiated
058280 - Deceased Child, Male, 3 Mons	058281 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
058280 - Deceased Child, Male, 3 Mons	058281 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
058282 - Sibling, Male, 11 Year(s)	058281 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
058283 - Sibling, Male, 5 Year(s)	058281 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Due to the father's medical condition, he was not interviewed face-to-face. Progress notes were not entered contemporaneously to their event dates.

Fatality Safety Assessment Activities
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	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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: No children needed to be removed as a result of the fatality investigation.				

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



Other, specify: Vouchers

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 siblings were referred to bereavement services in response to the death.

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

Explain:

The mother was provided referrals for drug addiction services as well as mental health and bereavement services. The father declined the services.

History Prior to the Fatality

Child Information

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

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/25/2021	Deceased Child, Male, 1 Days	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Far-Closed	Yes
	Sibling, Male, 5 Years	Mother, Female, 35 Years	Lack of Medical Care	Far-Closed	
	Sibling, Male, 10 Years	Mother, Female, 35 Years	Educational Neglect	Far-Closed	



Sibling, Male, 10 Years	Father, Male, 40 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Male, 10 Years	Father, Male, 40 Years	Inadequate Guardianship	Far-Closed
Sibling, Male, 16 Years	Father, Male, 40 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Male, 16 Years	Father, Male, 40 Years	Inadequate Guardianship	Far-Closed
Sibling, Male, 5 Years	Father, Male, 40 Years	Lack of Medical Care	Far-Closed
Sibling, Male, 10 Years	Father, Male, 40 Years	Educational Neglect	Far-Closed

Report Summary:

On 1/25/21, a report was received alleging the mother gave birth to the child who tested positive for marijuana. Subsequent reports were received on 2/25/21 and 3/17/21 alleging the 10-year-old SS missed 50 days of the 2020-2021 school year. School staff attempted to contact the parents; however, the SS continued to miss school and was failing as a result. The 5-year-old SS had behavioral problems and needed to be evaluated but was not. The 16-year-old SS was left to care for the SSs after the grandfather had a stroke. The 16-year-old SS was overwhelmed with the caretaking responsibilities and missed school in order to work to buy food.

OCFS Review Results:

The case was initiated timely and was appropriately tracked FAR. The 7-day Safety Assessment was completed timely. The CPS history check was documented untimely. A home visit was conducted, and safe sleep literature was provided to the mother.

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

Issue:

Review of CPS History

Summary:

The CPS history check was completed untimely on 1/29/21.

Legal Reference:

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

Action:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/14/2018	Sibling, Female, 11 Years	Other Adult - Mother of the older siblings, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 16 Years	Other Adult - Mother of the older siblings, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 13 Years	Other Adult - Mother of the older siblings, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged the mother of the older siblings (OA) was aware that the OA's father was not a safe caregiver for



the siblings, ages 16, 13 and 11 years at the time of the report. When the OA was a child, she witnessed her father sexually molest her sister, who was a child at the time. Despite this, the OA gave custody of the siblings to her father in October 2017 and the siblings remained in his care.

Report Determination: Unfounded

Date of Determination: 12/10/2018

Basis for Determination:

The allegation of Inadequate Guardianship against the OA regarding the siblings was unsubstantiated. Interviews with the siblings and the OA's father did not reveal inappropriate behaviors of the OA's father. The OA's father said he was arrested in the 1980's for an inappropriate incident that occurred between him and one of his daughters; there had not been any incidents since then and the arrest record was expunged. There was not credible evidence to support the allegations.

OCFS Review Results:

The investigation was initiated timely, the source of the report was contacted, and written notice of the report was provided timely. Interviews with the family and collateral contacts were appropriate. The 7-day Safety Assessment was completed timely and accurately. The case remained open as there was an open Preventive Services Case.

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

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

06/07/11- 10/21/11- The OA (mother of the 14 and 16-year-old siblings) and her then partner were UnSub for IG of OA's children. OA's then partner was UnSub for the PD/AM of the OA's children.

06/06/12- 08/12/13- The OA and her then partner were Sub for IG of the OA's children and another child.

12/11/12- 05/07/13 The OA and her then partner were Sub for IG of OA's children and another child. The partner was UnSub for the PD/AM of the children.

01/29/13- 04/23/13 The SM was UnSub for IG of the 11-year-old SS.

01/11/17- 03/10/17 The OA's then partner was Sub for IG of the OA's children.

05/09/18- 07/05/18- Another adult (grandfather to the 14-year-old SS) was Sub for SXAB of the 14-year-old SS.

Known CPS History Outside of NYS

There is 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? 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