



**Report Identification Number: AL-21-016**

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

**Issue Date: Dec 20, 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:** 1 month(s)

**Jurisdiction:** Albany  
**Gender:** Male

**Date of Death:** 07/25/2021  
**Initial Date OCFS Notified:** 07/25/2021

## Presenting Information

Albany County Department for Children, Youth and Families (ACDCYF) received a report from the SCR alleging on 7/24/21 between 10:30AM and 10:45AM, the mother fell asleep while breastfeeding the 1-month-old subject child. The mother fell asleep on top of the child, restricting his airways. At approximately 11:15AM, the child was found unresponsive and gray in color. The child was transported to the hospital and resuscitated three times while en route. Once at the the hospital, the child was intubated. On 7/25/21 at approximately 3:15AM, the child passed away.

## Executive Summary

This report concerns the death of the 1-month-old male subject child that occurred on 7/25/21. At the time of the subject child’s death, he, the mother, and the 2-year-old sibling were spending the weekend at the maternal grandparents’ home while the father was away for work. There were three additional half-siblings, ages 10, 9, and 6 who primarily lived with their mother, but had regular and consistent contact with the father in the subject child’s home.

The investigation revealed the mother was in bed with the subject child on the morning of 7/24/21. The mother was breastfeeding the child and texting with the father around 10:22AM. Around 11:15AM, the maternal grandmother went into the bedroom to feed the 2-year-old sibling, who was sleeping in a Pack ‘N Play next to the bed. The grandmother found the mother asleep in the bed, laying on top of the subject child. The grandmother pulled the subject child out from underneath the mother and found him to be limp, white, and blue in color. The grandmother called 911 while the grandfather attempted CPR. The child was transported to the hospital where he ultimately succumbed to his injuries on 7/25/21 at 3:12AM.

An autopsy was completed, and the final autopsy report listed the death as being consistent with asphyxiation associated with co-sleeping. The autopsy revealed no evidence of congenital anomalies, infection or trauma.

ACDCYF spoke with family members and collateral sources, which included law enforcement, medical staff, and the medical examiner. ACDCYF determined the mother had been educated in safe sleep practice and was aware of the harm associated with co-sleeping. Despite that knowledge, the mother chose to regularly co-sleep with the subject child. The final autopsy report reflected the sleeping environment was unsafe. The family became uncooperative during the investigation and referred ACDCYF to their attorney for all ongoing communication and involvement. ACDCYF was thus unable to refer the family to services related to the fatality and were unable to assess any additional service needs the family might have unrelated to the death. ACDCYF indicated and closed their investigation once case objectives were met.

## 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:**

ACDCYF gathered information to determine the allegations. ACDCYF assessed the safety of the surviving siblings throughout the investigation.

**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 level of casework was commensurate with case circumstances. Once case objectives were met, ACDCYF determined and closed 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:** 07/25/2021

**Time of Death:** 03:12 AM

**Date of fatal incident, if different than date of death:**

07/24/2021

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

Unknown

**County where fatality incident occurred:**

Albany

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

Yes

**Time of Call:**

Unknown

**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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**How long before incident was the child last seen by caretaker?** 45 Minutes

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- Distracted
- Asleep
- Absent
- 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	1 Month(s)
Deceased Child's Household	Father	No Role	Male	44 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Other Household 1	Other Adult - Mother of Siblings	No Role	Female	36 Year(s)
Other Household 2	Grandparent	No Role	Female	67 Year(s)
Other Household 2	Grandparent	No Role	Male	67 Year(s)

### LDSS Response

On 7/25/21, ACDCYF received the SCR fatality report regarding the subject child. Upon receipt of the fatality report, ACDCYF initiated their investigation within 24 hours and coordinated efforts with their MDT. The safety of the surviving siblings was assessed, and they were determined to be safe with their caretakers.

ACDCYF interviewed the mother who reported she regularly slept with the subject child in her bed. The mother reported the child had access to a bassinet, but he became fussy when sleeping in the bassinet. The mother and grandparents reported the mother had not been sleeping well since giving birth to the subject child. The mother was breastfeeding the child on the morning of 7/24/21 and text messaging with the father around 10:00AM. At some point, the mother fell asleep while feeding the child. The grandmother reported going into the bedroom in order to feed the 2-year-old sibling around 11:15AM. The grandmother reported she found the mother asleep on top of the subject child at that time. She pulled the subject child out from under the mother and called 911 while the grandfather began CPR. First responders arrived and transported the child to the hospital. The child was resuscitated 3 separate times on the way to the hospital. Despite efforts, the child was pronounced dead on 7/25/21.



The father was interviewed and reported he was away for work on the weekend of 7/24/21. The father reported the mother went to her parents' home while he was away to have additional support for the care of the subject child and sibling. The father confirmed that the mother co-slept with the child and had been doing so since he came home from the hospital after birth. The father reported he was uncomfortable with that sleeping arrangement but reported the mother had spoken to the pediatrician about co-sleeping and the pediatrician had encouraged it to the mother.

The 10, 9, and 6-year-old half-siblings were interviewed at their mother's home. The siblings denied concerns for their safety at the father's home. The siblings were asked about sleeping arrangements at their father's home and reported everyone, including the subject child and 2-year-old sibling slept in their own beds. The siblings were unaware of the conditions surrounding the subject child's death.

ACDCYF spoke to the pediatrician who denied encouraging the mother to co-sleep with the subject child. The pediatrician reported co-sleeping was always strongly discouraged by the medical practice. The pediatrician reported no additional concerns for the care of the subject child or 2-year-old sibling.

Law enforcement advised ACDCYF of their interviews with the family. LE corroborated the mother's account of the incident. Law enforcement determined there was no criminality or foul play suspected in the death and closed their investigation.

During the investigation, the parents became uncooperative with ACDCYF. ACDCYF attempted to provide the parents with resources related to grief and mental health counseling as well as assessing additional services needs but were unable to do so. ACDCYF mailed community-based resources related to bereavement counseling to the parents. It was unknown if the parents were utilizing resources at the time of case closure.

### 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

**Comments:** ACDCYF adhered to previously approved protocols for joint investigation by coordinating efforts with law enforcement and notifying the DA's office of the death.

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059067 - Deceased Child, Male, 1 Mons	059069 - Mother, Female, 35 Year(s)	DOA / Fatality	Substantiated
059067 - Deceased Child, Male, 1 Mons	059069 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated

### 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"/>

**Additional information:**

ACDCYF spoke with relevant collateral sources.

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

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

**Explain:**  
 ACDCYF attempted to inquire as to whether grief and mental health counseling services were needed but the family refused to cooperate with ACDCYF. The family referred ACDCYF to their attorney when inquiries were made regarding ongoing service needs.

### 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:**  
 There was no removal regarding the siblings.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>				
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:**  
 ACDCYF attempted to engage with the family in order to provide bereavement and mental health referrals; however, the family became uncooperative with the department and refused face-to-face contact and phone calls. The family referred ACDCYF to their family attorney when attempts to contact were made. ACDCYF sent the family a request for contact letter along with grief counseling information.

**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? No**

**Explain:**  
 ACDCYF made multiple attempts to engage the family regarding their service needs but the family became uncooperative and referred ACDCYF to their attorney for all communication.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**  
 ACDCYF made multiple attempts to engage the family regarding their service needs but the family became uncooperative and referred ACDCYF to their attorney for all communication.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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)	Status/Outcome	Compliance Issue(s)
01/29/2021	Other Child - Mother of Siblings daughter, Female, 12 Years	Other Adult - Mother of Siblings , Female, 36 Years	Inadequate Guardianship	Far-Closed	No
	Other Child - Mother of Siblings daughter, Female, 12 Years	Other Adult - Mother of Siblings , Female, 36 Years	Lacerations / Bruises / Welts	Far-Closed	

**Report Summary:**

Columbia County Department of Social Services (CCDSS) received a report from the SCR alleging sometime between 01/28/2021 and 01/29/2021, the mother of the siblings scratched the 12-year-old other child across her face while trying to take the child's phone. The other child sustained bleeding scratches to her face as a result. The 9, 7, and 5 year old half-siblings had unknown roles.

**OCFS Review Results:**

The decision to track the case as Family Assessment Response (FAR) adhered to (CCDSS's) previously established assignment criteria. The FLAG was completed appropriately and relevant collateral sources were contacted.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/12/2019	Sibling, Male, 8 Years	Other Adult - Mother of Siblings , Female, 34 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 8 Years	Other Adult - Mother of Siblings , Female, 34 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 8 Years	Other Adult - Mother of Siblings , Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 7 Years	Other Adult - Mother of Siblings , Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Other Adult - Mother of Siblings , Female, 34 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 7 Years	Other Adult - Mother of Siblings , Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Other Adult - Mother of Siblings , Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Other Adult - Mother of Siblings , Female, 34 Years	Lack of Supervision	Unsubstantiated	



# Child Fatality Report

Sibling, Female, 4 Years	Other Adult - Mother of Siblings , Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
--------------------------	---	-------------------------------	-----------------

**Report Summary:**

Rensselaer County Department of Social Services (RCDSS) received a report from the SCR alleging the mother of the siblings took pills that were not prescribed to her. She passed out after taking the pills while being the sole caretaker of the siblings, ages 3, 6, and 8. The siblings wandered around outside and swam in the lake unsupervised while their mother was passed out.

**Report Determination:** Unfounded **Date of Determination:** 01/16/2020

**Basis for Determination:**

RCDSS determined there was no credible evidence to substantiate the allegations. The mother appeared sober during each visit and denied allegations of substance misuse. RCDSS observed the siblings to be safe in the care of their mother.

**OCFS Review Results:**

During the investigation RCDSS interviewed the source. The family, including the biological father were interviewed and siblings were observed. All appropriate collateral contacts were made including, pediatricians, treatment professionals, schools and family members. A SCR history check was completed and reviewed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/18/2018	Sibling, Female, 6 Years	Other Adult - Partner of mother of siblings., Male, 37 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

Rensselaer County Department of Social Services (RCDSS) received a report from the SCR alleging the partner of the siblings' mother had physically assaulted her in the presence of the siblings. He had also hit the 6-year-old sibling in the head and threatened to kill the father.

**Report Determination:** Unfounded **Date of Determination:** 01/24/2019

**Basis for Determination:**

RCDSS determined there was no credible evidence to substantiate the allegations. The mother of the siblings, her partner, and the biological father all denied the allegations. All revealed that due to the recent separation of the father and mother of the siblings, the sibling was exhibiting behavioral issues at home and school. RCDSS referred the family to community-based counseling to address the concerns.

**OCFS Review Results:**

RCDSS gathered a substantial amount of information from collateral contacts by way of face-to-face interviews, telephone contacts, and copies of records. The information gathered supported the basis for unbounding the report. RCDSS completed casework activity in a timely fashion, commensurate with case circumstances.

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

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

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

**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

## 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