



Report Identification Number: AL-21-025

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

Issue Date: Mar 29, 2022

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: 4 month(s)

Jurisdiction: Columbia
Gender: Female

Date of Death: 10/11/2021
Initial Date OCFS Notified: 10/11/2021

Presenting Information

Columbia County Department of Social Services (CCDSS) received an SCR report on 10/11/2021 which alleged on the same date the mother (SM) and the father (SF) fed the 4-month-old child (SC) and put her to sleep in a bassinet type carrier at approximately 4:00 AM. The parents awoke at 12:00 PM and found the child unresponsive. A call was made to 911 and emergency responders pronounced the child dead in the home. The parents had no explanation for the child’s death, and she was an otherwise healthy child. The roles of the 12, 10, 7, 6, 3, and 1-year-old siblings were unknown. The father had three children, ages 16, 12, and 10 years old who were in the care of their biological mother at the time of the fatal incident.

Executive Summary

This report concerns the death of a 4-month-old child which occurred while in the care of her mother and father. The child was placed to sleep on her back in a carrier by the father at approximately 4:00 AM. The father found the child unresponsive in the carrier at 12:00 PM and a call was made to 911. The child was transported to the hospital by ambulance and pronounced dead upon arrival.

The father woke around 3:30AM, fed and changed the subject child, and placed her to sleep in the carrier the family was utilizing as a bassinet. The carrier was lowered to the flat position in which she could not fall out. The father and mother woke at approximately 12:00PM. The mother changed the 1-year-old sibling while the father checked on the subject child. The father found the subject child unresponsive in the carrier, called 911, and began CPR. The subject child was transported to the hospital by ambulance where she was pronounced dead. The siblings displayed cold symptoms a week prior to the fatal incident and missed school. The subject child also displayed signs of illness, though it did not appear serious.

Additional concerns were identified for the condition of the home, truancy, and the medical care of all the children. A subsequent report was received regarding these concerns and investigated concurrently with the fatality investigation.

An autopsy was performed, and the cause of death was identified as Pulmonary Congestion and Edema due to cardiac atrial septal defect. There was no correlation established between the child’s death and their sleep environment. There were no criminal charges pursued by law enforcement.

Despite the autopsy revealing the subject child died of natural causes, CCDSS substantiated the allegations of DOA/Fatality against the mother and father. The allegations of Inadequate Guardianship, Inadequate Food/Clothing/Shelter, and lack of medical care were appropriately substantiated against the parents for the subject child.

CCDSS had gathered credible evidence to substantiate Inadequate Guardianship, Inadequate Food/Clothing/Shelter, Lack of Medical Care, and Educational Neglect against the mother and father regarding the surviving siblings. The family was offered services in relation to the death of the SC which were declined. A long-term services case was opened to address the concerns identified during the investigation.

PIP Requirement



CCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) 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? No

Explain:
The allegation of DOA/Fatality against the SM and the SF was substantiated despite a lack of evidence to support the decision. The investigation determination identified the child died of natural causes and not due to the unsafe sleep environment.

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

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:
There was detailed documentation of supervisory consult and case planning throughout the investigation.

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	The allegation of DOA/Fatality against the SM and the SF was substantiated despite evidence obtained in the autopsy the SC died of a medical condition with no correlation identified with the potentially unsafe sleep environment.
Legal Reference:	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)



Action: CCDSS will refer to the CPS Program Manual and/or consult with the Albany Regional Office when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to the definition(s).

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/11/2021

Time of Death: Unknown

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:

12:07 PM

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? 8 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	Female	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	12 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	10 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	7 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)



Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Other Household 1	Other Adult - BM to 16, 12, 10 yo half siblings	No Role	Female	38 Year(s)
Other Household 1	Other Child - Half-sibling	No Role	Male	16 Year(s)
Other Household 1	Other Child - Half-sibling	No Role	Male	12 Year(s)
Other Household 1	Other Child - Half-sibling	No Role	Male	10 Year(s)
Other Household 2	Other Adult - BF to 10 yo sibling	No Role	Male	35 Year(s)
Other Household 3	Other Adult - BF to 12 yo sibling	No Role	Male	31 Year(s)

LDSS Response

CCDSS received the SCR report and coordinated their response with LE. LE informed CCDSS the parents reported the SC and 1-year-old SS were sick during the night and the SC was last seen alive at approximately 4:00 AM by the SF. The SC was put to sleep in a stroller that drops down to a flat surface. The SF awoke at noon and found the SC unresponsive in the stroller.

CCDSS performed an initial home visit with LE present. The parents were interviewed and confirmed what LE disclosed to CCDSS. The SF disclosed the SC and the 1-year-old SS had cold symptoms and the other SSs had been sick and out of school the week prior. The SF stated he fed the SC between 3:30-4:00 AM and placed her to sleep on her back in the carrier. The SF stated he was awoken by the SSs coming into the parents' bedroom at approximately 9:00 AM and returned to sleep without checking on the SC or 1-year-old SS who were asleep in the same bedroom. The SF disclosed he had also been feeling sick and had taken medication to help him sleep. The SM stated she was woken up by the 1-year-old SS at approximately 12:00 PM and was changing her diaper and the SF awoke to check on the SC. The SF stated the SC was unresponsive and it was clear to him she had passed away. The SF called 911 and attempted CPR prior to the arrival of first responders.

The 12, 10, 7, 6, and 3-year-old siblings were interviewed by CCDSS. The children disclosed limited knowledge of how the SC passed away and denied knowledge of the parents co-sleeping with the SC or 1-year-old SS.

CCDSS observed the home to be in a deplorable condition and a temporary safety plan was made with the parents to have the SSs stay with family members while the condition of the home was addressed. The allegations of IF/C/S were added to the case record for all the children and the parents addressed the condition of the home adequately. A subsequent SCR report was received on 12/7/2021 which identified concerns for educational neglect and lack of medical care for the SSs. The allegations were added to the open investigation. The pediatrician's records for the children showed they were all behind on visits and immunizations and identified health concerns were not being adequately addressed by the SM and the SF. The SC had failed a hearing test at birth and the parents had failed to schedule a follow up appointment for further testing. The school age children also missed excessive days of school and were missing special education services as a result.

CCDSS obtained the cause of death from LE. The cause of death was identified as Pulmonary Congestion and Edema due to cardiac atrial septal defect and there was no correlation established with the SC's sleep environment. LE stated there would be no criminal charges as the cause of death was attributed to complications from a birth defect.

CCDSS attempted to make contact with the biological fathers of the SSs. Contact was unsuccessful, though notification letters were mailed to last known addresses.

The allegations of DOA/Fatality, IG, IF/C/S, and LMC were substantiated against the SM and the SF regarding the SC.



The allegations of IG, IF/C/S, LMC, and EdN against the SM and the SF regarding the SSs were substantiated. The family was offered services in relation to the death of the SC which were declined. A long-term services case was opened to address the medical and educational concerns were being addressed adequately.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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
059645 - Deceased Child, Female, 4 Month(s)	059689 - Mother, Female, 31 Year(s)	DOA / Fatality	Substantiated
059645 - Deceased Child, Female, 4 Month(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059645 - Deceased Child, Female, 4 Month(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
059645 - Deceased Child, Female, 4 Month(s)	059689 - Mother, Female, 31 Year(s)	Lack of Medical Care	Substantiated
059645 - Deceased Child, Female, 4 Month(s)	059690 - Father, Male, 40 Year(s)	DOA / Fatality	Substantiated
059645 - Deceased Child, Female, 4 Month(s)	059690 - Father, Male, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059645 - Deceased Child, Female, 4 Month(s)	059690 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
059645 - Deceased Child, Female, 4 Month(s)	059690 - Father, Male, 40 Year(s)	Lack of Medical Care	Substantiated
059691 - Sibling, Male, 12 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059691 - Sibling, Male, 12 Year(s)	059690 - Father, Male, 40 Year(s)	Educational Neglect	Substantiated
059691 - Sibling, Male, 12 Year(s)	059689 - Mother, Female, 31 Year(s)	Lack of Medical Care	Substantiated
059691 - Sibling, Male, 12 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
059691 - Sibling, Male, 12 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated



059691 - Sibling, Male, 12 Year(s)	059689 - Mother, Female, 31 Year(s)	Educational Neglect	Substantiated
059691 - Sibling, Male, 12 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
059691 - Sibling, Male, 12 Year(s)	059690 - Father, Male, 40 Year(s)	Lack of Medical Care	Substantiated
059693 - Sibling, Female, 10 Year(s)	059690 - Father, Male, 40 Year(s)	Lack of Medical Care	Substantiated
059693 - Sibling, Female, 10 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
059693 - Sibling, Female, 10 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059693 - Sibling, Female, 10 Year(s)	059690 - Father, Male, 40 Year(s)	Educational Neglect	Substantiated
059693 - Sibling, Female, 10 Year(s)	059689 - Mother, Female, 31 Year(s)	Lack of Medical Care	Substantiated
059693 - Sibling, Female, 10 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
059693 - Sibling, Female, 10 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059693 - Sibling, Female, 10 Year(s)	059689 - Mother, Female, 31 Year(s)	Educational Neglect	Substantiated
059695 - Sibling, Female, 7 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
059695 - Sibling, Female, 7 Year(s)	059690 - Father, Male, 40 Year(s)	Lack of Medical Care	Substantiated
059695 - Sibling, Female, 7 Year(s)	059689 - Mother, Female, 31 Year(s)	Lack of Medical Care	Substantiated
059695 - Sibling, Female, 7 Year(s)	059689 - Mother, Female, 31 Year(s)	Educational Neglect	Substantiated
059695 - Sibling, Female, 7 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059695 - Sibling, Female, 7 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
059695 - Sibling, Female, 7 Year(s)	059690 - Father, Male, 40 Year(s)	Educational Neglect	Substantiated
059695 - Sibling, Female, 7 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059696 - Sibling, Male, 6 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
059696 - Sibling, Male, 6 Year(s)	059690 - Father, Male, 40 Year(s)	Lack of Medical Care	Substantiated
059696 - Sibling, Male, 6 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059696 - Sibling, Male, 6 Year(s)	059690 - Father, Male, 40 Year(s)	Educational Neglect	Substantiated



059696 - Sibling, Male, 6 Year(s)	059689 - Mother, Female, 31 Year(s)	Lack of Medical Care	Substantiated
059696 - Sibling, Male, 6 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
059696 - Sibling, Male, 6 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059696 - Sibling, Male, 6 Year(s)	059689 - Mother, Female, 31 Year(s)	Educational Neglect	Substantiated
059697 - Sibling, Male, 3 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
059697 - Sibling, Male, 3 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
059697 - Sibling, Male, 3 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059697 - Sibling, Male, 3 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059698 - Sibling, Female, 1 Year(s)	059690 - Father, Male, 40 Year(s)	Lack of Medical Care	Substantiated
059698 - Sibling, Female, 1 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
059698 - Sibling, Female, 1 Year(s)	059690 - Father, Male, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
059698 - Sibling, Female, 1 Year(s)	059689 - Mother, Female, 31 Year(s)	Lack of Medical Care	Substantiated
059698 - Sibling, Female, 1 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
059698 - Sibling, Female, 1 Year(s)	059689 - Mother, Female, 31 Year(s)	Inadequate Food / Clothing / Shelter	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"/>
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Fatality Safety Assessment Activities

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

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

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



Child Fatality Report

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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Prevention

Additional information, if necessary:

Prevention services were offered and accepted to address the medical and educational needs of the SSs.

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:

Services were offered to the siblings in response to the fatality and declined by the parents. Additional prevention services were provided to address the concerns that arose through the investigation.



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

Explain:
Services were offered in response to the fatality and declined by the parents. Additional prevention services were provided to address the concerns that arose through the investigation.

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
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/09/2021	Sibling, Male, 11 Years	Mother, Female, 30 Years	Educational Neglect	Far-Closed	No
	Sibling, Female, 9 Years	Mother, Female, 30 Years	Educational Neglect	Far-Closed	
	Sibling, Female, 6 Years	Mother, Female, 30 Years	Educational Neglect	Far-Closed	
	Sibling, Male, 11 Years	Father, Male, 39 Years	Educational Neglect	Far-Closed	
	Sibling, Female, 9 Years	Father, Male, 39 Years	Educational Neglect	Far-Closed	
	Sibling, Female, 6 Years	Father, Male, 39 Years	Educational Neglect	Far-Closed	

Report Summary:

The SCR report alleged the 11-year-old, 9-year-old, and 6-year-old children were not participating in remote learning on a regular and consistent basis. All three children had excessive absences and were failing. The 9-year-old and 6-year-old children were missing special education services. The mother and father were aware of the concerns and failed to intervene. The other children had unknown roles.

**OCFS Review Results:**

CCDSS met with the family and were informed by the parents the children struggled to do remote learning and the family was limited by only having two computers. The family purchased two additional computers to assist with the children's access to remote learning services, and the children transitioned back to in-person learning during the FAR assessment period. Safe sleep information was provided to the family during the FAR stage. The concerns for educational neglect were being addressed and the FAR stage was closed.

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)
03/12/2019	Sibling, Female, 8 Years	Mother, Female, 28 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 9 Years	Mother, Female, 28 Years	Educational Neglect	Substantiated	
	Sibling, Female, 8 Years	Father, Male, 37 Years	Educational Neglect	Substantiated	
	Sibling, Male, 9 Years	Father, Male, 37 Years	Educational Neglect	Substantiated	

Report Summary:

The SCR report alleged that the 8-year-old sibling had 50 unexcused absences from school and was failing her classes as a result. The parents were aware of the sibling's absences and were not taking effective actions to address the concern.

Report Determination: Indicated

Date of Determination: 05/30/2019

Basis for Determination:

Rensselaer County Department of Social Services (RCDSS) received the SCR report and initiated the investigation. RCDSS met with the family and obtained information from relevant collateral contacts. Through the information obtained, RCDSS added an allegation of EdN for the 10-year-old sibling. It was determined the children were not attending school regularly or making appropriate academic progress due to their poor attendance. The case was opened for long-term monitoring.

OCFS Review Results:

RCDSS conducted an investigation in compliance with regulatory requirements. Allegations were added for the 10-year-old sibling in accordance with evidence obtained. The family had a history of educational neglect and a Neglect Petition was filed in court to ensure the family complied with services and addressed the concerns for the children's attendance.

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)
12/07/2018	Sibling, Male, 9 Years	Mother, Female, 28 Years	Educational Neglect	Substantiated	No
	Sibling, Female, 7 Years	Mother, Female, 28 Years	Educational Neglect	Substantiated	
	Sibling, Male, 9 Years	Father, Male, 37 Years	Educational Neglect	Substantiated	
	Sibling, Female, 7 Years	Father, Male, 37 Years	Educational Neglect	Substantiated	
	Sibling, Female, 7 Years	Mother, Female, 28 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 7 Years	Father, Male, 37 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The SCR report alleged the mother and the father were failing to ensure the 9-year-old and 7-year-old siblings attended school on a consistent basis. Both siblings had excessive absences and the 7-year-old sibling was not receiving special education services. Both siblings were falling behind academically. The school made several phone calls to the parents which received no response.

Report Determination: Indicated

Date of Determination: 03/11/2019

**Basis for Determination:**

RCDSS initiated the investigation and determined the children were missing excessive amounts of school with no reasonable explanation from the parents. A Violation of Disposition was filed due to an existing court order against the parents to ensure the children were attending school and receiving services. The allegations were substantiated and the case remained open for long-term monitoring.

OCFS Review Results:

RCDSS conducted an investigation which met regulatory requirements. The family could not provide a reasonable excuse as to why the children continued to miss school despite the existing court order. The allegations were substantiated and a Violation Petition was filed by RCDSS.

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

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

The family had CPS history dating back to 2013. There were three investigations in which the allegations were substantiated for educational neglect. The family had a history of not ensuring the SSs were attending school and receiving services on a regular and consistent basis dating back to 2016.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

The family received prevention services from 5/12/2017-10/22/2019 to address concerns for the mother's mental health, the children requiring medical and dental care, and concerns for the SSs missing excessive amounts of school. The services ended when the family moved out of RCDSS jurisdiction.

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