



Report Identification Number: AL-19-032

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

Issue Date: Apr 07, 2020

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: Warren
Gender: Male

Date of Death: 10/31/2019
Initial Date OCFS Notified: 10/31/2019

Presenting Information

An SCR report alleged on 10/31/19, the father discovered the 3-month-old male subject child face-down and not breathing while they laid in bed together. The father called Emergency Medical Services and the child was transported to the hospital via ambulance while CPR was performed. The child was declared deceased at 9:26 AM. The child had no known pre-existing medical conditions, and was an otherwise healthy child. Subsequent SCR reports were received regarding the child's unexplained death. A subsequent report named the paternal grandmother as a subject, as she resided with the child.

Executive Summary

This fatality report concerns the death of the 3-month-old subject child who died on 10/31/19. An SCR report was made regarding the child's death on the same day. Subsequent reports were made to the SCR on the same day and on 11/1/19. At the time of the child's death, the father and child were listed with no roles on an open CPS investigation regarding unrelated concerns. The child resided with his father, paternal grandmother and 10-year-old paternal uncle. The mother resided with her children, ages 1 and 2 years. The father had a 4-year-old child who he did not have contact with. The children were assessed to be safe in the care of their parents during the investigation. Furthermore, another adult and his 12-year-old child (other child) were temporarily residing with the family. The other child was not present at the time of the fatal incident.

Warren County Department of Social Services (WCDSS) coordinated investigative efforts with law enforcement immediately upon receipt of the SCR report. Law enforcement closed their investigation without criminal charges. An autopsy was performed; however, the medical examiner's report had not been received at the time of this writing.

The father explained to WCDSS and law enforcement that he found the child unresponsive around 8:00 AM and told the grandmother. The grandmother performed CPR until first responders arrived and took over resuscitation efforts. The child was transported to the hospital via ambulance and was pronounced deceased at 9:26 AM. The father said the child's face was buried in a blanket and he thought the child had suffocated. The grandmother was interviewed; however, had no additional information.

WCDSS gathered information regarding the death from the family, hospital staff, first responders, and the coroner. Additionally, WCDSS contacted the parents of the paternal uncle and siblings and deemed the children to be safe with their parents and mothers.

WCDSS completed required reports and Safety Assessments timely and accurately throughout the investigation. Interviews with the family and collaterals were thorough and appropriate. The allegation of Inadequate Guardianship was substantiated against the father. WCDSS found credible evidence the father placed the child in an unsafe environment as the child was placed face-down on a bed surrounded by blankets and pillows. WCDSS determined the father's action in placing the child in an unsafe sleep environment did not meet a minimum degree of care and accurately substantiated the allegation. The allegation of DOA/Fatality was unsubstantiated against the father and grandmother. WCDSS noted although the child was found in an unsafe sleeping area, the investigation did not reveal the father's actions caused the child's death. The basis for determination regarding the allegations against the grandmother were not documented in the investigation conclusion narrative.



The parents were provided with mental health and grief counseling referrals, which they accepted and were utilizing at the time of case closure. It remained unknown if service referrals were made for the surviving children.

PIP Requirement

For issues identified, WCDSS and Saratoga County Department of Social Services will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) SCDSS/WCDSS had taken or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS/WCDSS 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:

Casework activity was commensurate with case circumstances.

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 decision to close the case was appropriate.

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: 10/31/2019

Time of Death: 09:26 AM

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

Unknown

County where fatality incident occurred:

Warren

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?

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 supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	10 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	41 Year(s)
Other Household 1	Mother	No Role	Female	21 Year(s)
Other Household 2	Other Adult - Father of PU	No Role	Male	52 Year(s)

LDSS Response

On 10/31/19, WCDSS received the SCR report and began investigating the death. Subsequent fatality reports were received on 10/31/19 and 11/1/19. Within the first 24 hours, WCDSS contacted LE, the sources, hospital staff and the family. WCDSS completed a CPS history check and assessed the 1 and 2-year-old siblings and paternal uncle to be safe in



the care of their families. On 11/5/19, WCDSS learned the father had a 4-year-old child and immediately assessed her safety. The 4-year-old sibling did not have a relationship with the father.

On 10/31/19, LE interviewed the father. The father said he placed the subject child (SC) to sleep face-down around 10:00 PM. The father laid the SC on the uncle’s bed, as he soiled his Pack ‘N Play. Between 4:00 AM- 5:00 AM, the father woke to the SC crying. He tended to the SC and rubbed his back for a few minutes and went back to sleep in another room. The father woke around 8:00 AM and found the SC unresponsive and not breathing. The father was too distraught to continue the interview with LE.

WCDSS and LE interviewed the mother at the barracks. The mother had not seen the SC since 10/26/19. She did not have additional information to provide regarding the death.

On 11/1/19, the uncle was interviewed. On the night prior to and the morning of the death, he was not home. The uncle described the SC to regularly sleep on surfaces that had blankets, pillows, and stuffed animals. The uncle said the father would oftentimes place a pillow over the SC’s face when he was crying. The uncle was unable to provide further information.

A home visit was made to the case address on 11/1/19. The father said on 10/31/19, he fed and burped the SC and then laid him down on the uncle’s bed. He said the SC would not eat when they woke in the middle of the night, so he rubbed the SC’s back until the SC fell asleep. The father said the SC had rolled over prior, so he wrapped the SC’s legs in a blanket to prevent him from being able to roll off the bed. Around 8:00 AM, the father went into the uncle’s bedroom to check on the SC and found him face-down and not breathing. The SC’s face was pressed into a blanket. The father told the grandmother, who called 911 and began to perform CPR.

The grandmother was interviewed on the same day. The grandmother said the father woke her up and asked for help. She said the child's body was limp and she began performing CPR. The grandmother was aware the SC slept on the bed, yet was unable to continue the interview as she was too distraught.

WCDSS gathered collateral information from several sources. The other adult who was temporarily residing at the case address and his 12-year-old son were interviewed. The other adult said he had not resided at the case address long, went to bed early and left for work before the family was awake. He did not have information relating to the fatal incident; however, stated the father would easily become frustrated with the SC’s crying. The 12-year-old other child agreed with the other adult. The 12-year-old was not present at the time of the fatal incident.

The pediatrician expressed no concerns for the SC’s care. On 11/4/19, the coroner said the autopsy was unremarkable and there was no obvious trauma. The cause of death was pending at the time of this writing. First responders were contacted and reported the grandmother was performing CPR upon their arrival. An EMT said the father was sleeping in the same bed as the SC when the SC was discovered unresponsive; however, the father did not confirm this information during the investigation.

WCDSS conducted a thorough investigation that reflected best casework practice and met all requirements. The investigation was determined and closed on 1/14/2020. The parents were enrolled in mental health counseling and did not require further services from WCDSS.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown



Multidisciplinary Investigation/Review

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052612 - Deceased Child, Male, 3 Mons	052613 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
052612 - Deceased Child, Male, 3 Mons	052614 - Grandparent, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
052612 - Deceased Child, Male, 3 Mons	052613 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
052612 - Deceased Child, Male, 3 Mons	052614 - Grandparent, Female, 41 Year(s)	Inadequate Guardianship	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 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"/>

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"/>



Child Fatality Report

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 child 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.

Have any Orders of Protection been issued? No

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? Unable to Determine

Explain:

The record did not reflect services were offered to the paternal uncle (10-years-old) in response to the fatality.

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

Explain:

The parents were referred to mental health and grief counseling services. The parents were engaged in counseling at the time of case closure.

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

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)	Allegation Outcome	Compliance Issue(s)
08/26/2019	Sibling, Male, 2 Years	Grandparent, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 2 Years	Grandparent, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 45 Years	Malnutrition / Failure to Thrive	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Male, 53 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Male, 53 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Male, 53 Years	Malnutrition / Failure to Thrive	Unsubstantiated	
	Sibling, Male, 2 Years	Aunt/Uncle, Male, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Aunt/Uncle, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Aunt/Uncle, Male, 21 Years	Malnutrition / Failure to Thrive	Unsubstantiated	
	Sibling, Male, 2 Years	Aunt/Uncle, Male, 18 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Sibling, Male, 2 Years	Aunt/Uncle, Male, 18 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Aunt/Uncle, Male, 18 Years	Malnutrition / Failure to Thrive	Unsubstantiated

Report Summary:

An SCR report alleged the father of the 2-year-old sibling failed to provide adequate nutrition to the sibling. As a result, the 2-year-old sibling appeared malnourished, lost weight, and was always hungry. The paternal grandparents of the 2-year-old sibling and adult uncle failed to intervene. The father of the 2-year-old sibling did not provide the sibling with proper hygiene care and as a result, the sibling's hair was greasy and filthy, and he had an odor of musty mildew. The grandparents and adult uncle failed to intervene. The role of the mother was unknown.

Report Determination: Unfounded**Date of Determination:** 11/18/2019**Basis for Determination:**

Saratoga County Department of Social Services (SCDSS) unsubstantiated the allegations of the SCR report. SCDSS made appropriate collateral contacts and interviewed family members. The pediatrician was contacted and stated no concerns for the 2-year-old sibling. The caseworker made several home visits and assessed the siblings to be safe in the care of the parents. The investigation did not reveal credible evidence to support the allegations of the SCR report. SCDSS closed the investigation noting the family's service needs will be monitored in the SCR report alleging the subject child's death, which remained open at time of case closure.

OCFS Review Results:

SCDSS initiated the investigation timely by contacting the source of the report. A CPS history check was documented timely. The Risk Assessment Profile and Safety Assessments were completed accurately. Written notice of existence of the SCR report was provided untimely. The record did not reflect efforts to contact the father, or the father of the 1-year-old sibling. SCDSS made collateral contacts and interviewed the subjects of the report.

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

Issue:

Failure to provide notice of report

Summary:

Although the father of the subject child and father of the 1-year-old sibling were provided with written notice within 7 days of being added to the investigation, the other adults listed on the report, including the alleged subjects were not provided with written notice of the SCR report until 11/18/19.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

SCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

PIP Requirement:

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. SCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

Although the fathers of the subject child and 1-year-old sibling were added to the investigation, the record did not reflect attempts to contact them regarding the SCR report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:



SCDSS will contact or make diligent efforts to contact relevant collateral sources who may have information relevant to the investigation, including absent parents.

PIP Requirement:

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. SCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/05/2019	Sibling, Female, 1 Years	Other Adult - BF of 1yo SS, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Other Adult - Grandparent to 1yo SS, Male, 57 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged on 7/31/19 at 5:54 PM, the grandfather and father of the 1-year-old sibling verbally and physically fought. The grandfather choked and punched the father of the 1-year-old sibling in the face in the presence of the sibling. During the incident, the grandmother to the 1-year-old sibling brought the sibling into the car. The grandfather got into the car and attempted to back out of the driveway. The father of the sibling yelled and screamed. The father of the sibling tried to open the driver's side door while the car was in motion. The sibling did not sustain injuries. The role of the grandmother was unknown.

Report Determination: Unfounded

Date of Determination: 11/15/2019

Basis for Determination:

WCDSS unsubstantiated the allegations of the report. The family was interviewed, and although the investigation revealed there was an altercation between the father and grandfather of the 1-year-old sibling, it was unclear if the sibling was impacted. The sibling was not harmed as a result of the altercation.

OCFS Review Results:

WCDSS initiated the investigation timely by contacting the grandmother of the 1-year-old sibling. Interviews with the family were clearly documented. A CPS history check was completed timely. The caseworker educated the parents of the subject child on safe sleep guidelines on two occasions. Diligent attempts were made to interview the father of the 1-year-old sibling face-to-face, which reflected best casework practice; however, the record did not reflect he was interviewed despite in-person contact. The Safety Assessments and Risk Assessment Profile were adequate. Appropriate collateral contacts were made. Written notice of the SCR report was not provided to all adults timely.

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

Issue:

Failure to provide notice of report

Summary:

Although some adults were provided with written notice of the SCR report timely, the father of the subject child and father of the 1-year-old sibling were not provided with written notice timely. The fathers were provided with written notice on 11/14/19.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

WCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians



Summary:

Diligent attempts were made to interview the father of the 2-year-old sibling; however, when face-to-face contact was made, the record does not reflect he was interviewed.

Legal Reference:

432.1 (o)

Action:

WCDSS will make casework contacts in accordance with the following regulation: Casework contact means face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/02/2018	Other Child - OC1, Female, 6 Years	Grandparent, Female, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes
	Other Child - OC2, Female, 8 Years	Grandparent, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - OC2, Female, 8 Years	Grandparent, Female, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - OC1, Female, 6 Years	Grandparent, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - OC1, Female, 6 Years	Grandparent, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - OC2, Female, 8 Years	Grandparent, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - OC2, Female, 8 Years	Grandparent, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 39 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - OC1, Female, 6 Years	Grandparent, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged the maternal grandmother and her partner physically fought in the presence of the 2-year-old sibling and unrelated children, ages 6 and 8 years. The grandmother and her partner abused alcohol and marijuana to intoxication while sole caretakers for the children. The mother was aware of the drug and alcohol abuse by the grandmother and her partner, and violence in the presence of the sibling but continued to leave the sibling in their



care. The mother also left the sibling in the care of other adults who were impaired by drugs and alcohol. One of the adults drove while intoxicated with the sibling in the car.

Report Determination: Unfounded

Date of Determination: 02/02/2019

Basis for Determination:

The allegations of the report were unsubstantiated. WCDSS interviewed the family and relevant collateral contacts and did not reveal credible evidence to support the allegations. The subjects appeared sober and coherent during unannounced home visits. The children who were able to be interviewed expressed no concern for their care or safety.

OCFS Review Results:

WCDSS initiated the investigation timely, contacted the source of the report and documented a CPS history check. The Safety Assessments and Risk Assessment Profile were completed accurately. The safety of the children was assessed throughout the investigation. Written notice of the SCR report was provided untimely. The record did not reflect diligent attempts to contact all fathers of children listed on the report. WCDSS provided safe sleep guidance to the family during several home visits.

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

Issue:

Failure to provide notice of report

Summary:

Although some notice of existence letters were provided timely, the father of the 17-year-old other child, and the father of the 6 and 8-year-old unrelated children were not provided with written notice within 7 days of being identified. The fathers were provided with written notice of the SCR report on 1/28/19.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

WCDSS will notify the subjects and other adults named in a report, as well as absent parents, in writing, no later than 7 days after the receipt of the SCR report.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Some progress notes were entered untimely. Progress notes were entered 7 months after their event dates.

Legal Reference:

18 NYCRR 428.5

Action:

Progress notes must be entered as contemporaneously as possible with the occurrence of the event or receipt of the information which is to be recorded.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

Although the fathers of the 17-year-old other child and 6 and 8-year-old unrelated children were identified and mailed written notice of the SCR report, diligent attempts were not made to contact them regarding the investigation. One phone call was made to the fathers on 7/10/18; however, no further attempts were made.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

WCDSS will make diligent efforts to contact collaterals, including absent parents, to gather relevant information as it pertains to safety and risk.



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

2/29/12- 4/12/12- The paternal grandmother was unsubstantiated for IG regarding other children.

11/26/14- 12/18/14- The parental grandmother was unsubstantiated for IG regarding another child.

Known CPS History Outside of NYS

There was no known CPS history outside of New York.

Legal History Within Three Years Prior to the Fatality

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

Family Court

Criminal Court

Order of Protection

Have any Orders of Protection been issued? Yes

From: 07/12/2019

To: 04/19/2022

Explain:

A refrain-from order of protection was granted on behalf of the mother against the father after a domestic dispute.

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