



Report Identification Number: AL-21-007

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

Issue Date: Sep 07, 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: 5 month(s)

Jurisdiction: Columbia
Gender: Male

Date of Death: 03/15/2021
Initial Date OCFS Notified: 03/15/2021

Presenting Information

An SCR report alleged that on 3/15/21, the mother was co-sleeping with the 5-month-old subject infant in her bed for an unknown duration of time. When the mother awoke, she was unable to find the infant. Shortly after, the mother found the infant between the wall and the bed in her bedroom. The mother contacted emergency medical services and the infant was pronounced deceased at the scene.

Executive Summary

On 3/15/21, the Columbia County Department of Social Services (CCDSS) received an SCR report regarding the death of the 5-month-old male subject infant. At the time of the infant’s death, he resided with his mother, father, and maternal grandmother. The parents had no other children and there were no other children residing in the home.

CCDSS conducted a joint investigation with law enforcement, and it was learned that around 1:00 PM on 3/15/21, the infant was napping on the mother’s bed. The mother fell asleep on the bed while watching television. When the mother woke up around 3:30 PM, she found the infant wedged between the mattress and the wall and the infant was unresponsive. The mother called 911 and attempts to resuscitate the infant were unsuccessful. The infant was pronounced deceased at the home at 4:02 PM. The father was at work at the time of the incident.

The investigation revealed that the mother, father and maternal grandmother had a history of substance abuse and they were receiving medication assisted treatment. The mother denied that she used drugs on the day of the incident and a drug test that was conducted on 3/15/21 was positive for prescribed medication only. The father declined to complete a drug test and he denied needing additional substance abuse treatment.

An autopsy was performed by a Forensic Pathologist and the infant was found to have no evidence of trauma or congenital abnormalities. The examination showed that the infant had pulmonary vascular congestion and mild respiratory bronchiolitis. The manner of death was determined to be accidental, and the cause of death was asphyxiation. Following receipt of the autopsy, law enforcement closed their investigation with no charges filed.

CCDSS offered the family substance abuse services and funeral assistance and they declined. The mother reported that she was going to enroll in mental health and bereavement counseling. The investigation remained open at the time this report was written.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?** N/A

**Determination:**

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** The CPS report had not yet been determined at the time this Fatality report was written.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

The investigation remained open at the time this report was written.

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:

Casework activity was commensurate with case circumstances and supervisory consultations were documented.

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: 03/15/2021

Time of Death: 04:02 PM

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: 03:30 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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

How long before incident was the child last seen by caretaker? 2 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted Absent



Asleep

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Father	No Role	Male	27 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	46 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)

LDSS Response

Upon receipt of the SCR report, CCDSS spoke to the source of the report and law enforcement. Law enforcement reported that the mother and infant were napping on the mother's bed and the mother woke up to find the infant unresponsive. It was reported that the mother may have delayed in calling 911 since there were text messages to friends on the mother's phone in which the mother asked what she should do because the infant was dead. The father was at work at that time and he was notified of the incident by a friend, prompting him to return home.

CCDSS observed the mother's interview at the State Police barracks on 3/15/21. The mother reported to law enforcement that she last used drugs following her graduation from drug court on 3/12/21. She stated that on 3/15/21, the infant appeared to be fine when the infant fell asleep on the mother's bed. Around 1:00 PM, she was lying on the bed with the infant and watching television when she fell asleep. The mother said when she woke up, she did not see the infant on the bed. She went and asked the maternal grandmother, who was home, if she took the infant. When she realized the grandmother did not have the infant, she returned to her bedroom and she found the infant wedged between the wall and the mattress. The infant was not breathing, and he was cold to the touch. Following the mother's interview, law enforcement reported that the mother's eyes were glossy and they sent her to the hospital to complete a drug test.

CCDSS and law enforcement conducted a home visit and the father and maternal grandmother were interviewed. The father declined to complete a drug test, but he reported that he would test positive for alcohol and marijuana. The grandmother denied that she had used any non-prescribed substances. Per the request of law enforcement, the father and grandmother were not interviewed about the incident at that time. CCDSS offered bereavement and substance abuse services and they declined. There was a portable crib observed in the parents' bedroom. The parents' bed was pulled away from the wall and there were no sheets on the bed. The family was not asked what items were on the bed at the time of the incident.

On 6/29/21, law enforcement informed CCDSS that the mother's drug screen results were positive for prescribed medication only, therefore charges were not filed. On 7/8/21, CCDSS conducted a home visit and the mother did not allow CCDSS into the home. She declined to discuss the incident or safe sleep guidelines.

Pediatrician records showed that the infant was healthy, and he was up to date with immunizations and well visits. The records stated that safe sleep was reviewed with the family on three occasions. The father's parole officer stated that a neighbor reported they administered emergency medical aid to the father on 3/14/21, due to a drug overdose. On 8/2/21,



the father's parole officer reported that the father checked himself into a rehabilitation facility that morning. Attempts to speak to the mother's probation officer were not documented.

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: Other physician

Multidisciplinary Investigation/Review

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057981 - Deceased Child, Male, 5 Mons	057982 - Mother, Female, 24 Year(s)	Lack of Supervision	Pending
057981 - Deceased Child, Male, 5 Mons	057982 - Mother, Female, 24 Year(s)	DOA / Fatality	Pending
057981 - Deceased Child, Male, 5 Mons	057982 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The mother received a drug test following the incident. The parents declined funeral assistance or additional substance abuse services. The mother planned to engage in mental health counseling and bereavement services.



History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- 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)
12/21/2020	Deceased Child, Male, 2 Months	Mother, Female, 24 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Male, 2 Months	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Deceased Child, Male, 2 Months	Father, Male, 27 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child, Male, 2 Months	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Deceased Child, Male, 2 Months	Grandparent, Female, 45 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

An SCR report was tracked FAR that alleged the mother used Suboxone and the father used heroin while caring for the then 2-month-old subject infant. The infant's diaper was not being changed regularly so he had a rash and there was little to no formula for the infant. There was garbage and dog feces all over the floor of the home. The parents were leaving the infant in the care of the maternal grandmother, and it was unknown if she was capable of caring for the infant.

OCFS Review Results:

CCDSS interviewed the parents and maternal grandmother and they assessed the home to be safe. Safe sleep was discussed and a bassinet was observed for the infant. CCDSS spoke to relevant collaterals and there were no concerns for the infant's health or care. The FLAG was completed with the family and they identified several supports. The mother



was engaged in mental health counseling, she was following her terms of probation and the father was following his parole terms. The parents were receiving medication assisted treatment and they reported being sober. The family was referred to Healthy Families and a parenting program and the mother engaged in these services.

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 is no known CPS 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