



**Report Identification Number: AL-22-033**

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

**Issue Date: Apr 26, 2023**

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 had an open investigation or a CPS monitored services 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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	DA-District Attorney	
<b>Allegations</b>		
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	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Fulton  
**Gender:** Male

**Date of Death:** 12/02/2022  
**Initial Date OCFS Notified:** 12/02/2022

## Presenting Information

An SCR report alleged on 12/2/22, at an unknown time, the mother and father placed the 2-month-old infant to sleep in his crib. The infant was fed prior to being placed to sleep. The father checked on the infant at approximately 10:20 PM, and he found the infant unresponsive in his crib with a small amount of bloody vomit near him. Either the mother or father contacted emergency services and immediately began Cardiopulmonary Resuscitation (CPR). When emergency services arrived, the infant had no pulse. Emergency services continued to perform CPR while transporting the infant to the hospital. The infant was pronounced deceased at 10:47 PM at the hospital. The infant was otherwise healthy and the parents did not have an explanation for his death. The role of the sibling was unknown.

## Executive Summary

On 12/2/22, the Fulton County Department of Social Services (FCDSS) received an SCR report regarding the death of the 2-month-old male infant that occurred on that date. A duplicate report was received on the same date. At the time of the infant's death, he resided with his mother, father and 2-year-old sibling. The sibling's father had regular visitation with the sibling. The infant's father had 3 other children, ages 6, 4, and 3, who resided with their mother, and they did not have visitation with the father. There was a stay away order of protection in place against the father regarding the 3 children and their mother due to a domestic violence incident that occurred on 11/5/21.

FCDSS conducted a joint investigation with law enforcement, and they learned that on 12/2/21, the mother put the sibling to bed while the father fed the infant a bottle. Around 9:30 PM, the infant fell asleep, and the father swaddled and placed him on the adult bed with pillows around him. The father left the bedroom and went into the kitchen for approximately 5 minutes. Both parents entered the bedroom, and the father immediately noticed the infant had spit up some blood and he was unresponsive. The father performed CPR while the mother called 911 at 10:19 PM. Law enforcement and EMS arrived and took over CPR. The infant was transported to the hospital via ambulance, where life-saving measures were unsuccessful, and the infant was pronounced deceased at 10:47 PM.

An autopsy was performed, and the results were pending at the time this report was written. The coroner reported the infant's death did not appear to be criminal or the result of anything the parents did or did not do. The coroner said the preliminary results were leaning towards a medical cause of death and being ruled as SIDS, pending the final report. The coroner further said he believed the parents acted appropriately before and after the death. Law enforcement found no criminality and their investigation remained open pending the final autopsy results.

Due to the unknown nature of the infant's death, a safety plan was initiated that a family member would supervise the parents with the sibling. The sibling stayed with his father until more information was gathered from law enforcement and the coroner, and he returned to the mother's care on 12/7/22. The sibling was assessed to be safe in both parents' homes.

FCDSS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship against the parents since they acted appropriately upon finding the infant unresponsive and immediately obtained emergency medical care. Additionally, the coroner's preliminary findings were that the infant's death was likely due to a medical cause and not the actions or inactions of the parents. The family was referred for grief counseling services and the mother utilized the service. No service needs were identified for the sibling and the investigation was closed on 3/10/23.

## PIP Requirement



For citations in historical cases, Fulton and Schenectady County DSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) LDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, LDSS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

### Explain:

The case was unfounded based on evidence gathered and appropriately closed.

**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:

Casework activity was commensurate with case circumstances.

## 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:** 12/02/2022

**Time of Death:** 10:47 PM

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

Unknown

**County where fatality incident occurred:**

Fulton

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

Yes

**Time of Call:**

10:19 PM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	20 Year(s)

### LDSS Response

FCDSS investigated the infant's death by reviewing SCR history, and records from the hospital, EMS, and the pediatrician. Collateral contacts were made with the sources of the reports, law enforcement, EMS, the coroner, hospital staff, and the pediatrician. Home visits were conducted at the mother's and sibling's father's homes. The mother, father, sibling's father, and maternal grandfather were interviewed. The sibling's father and maternal grandfather had no concerns for the mother's care of the children, and they had no details about the infant's death. Notice of the report was provided to the parents. Safety assessments and fatality reports were completed timely and accurately.

During interviews with the parents, they reported the infant was born at 35 weeks gestation. He required suctioning of excess formula from his cheeks at times, but the parents said he did not need to be suctioned for the previous 2 weeks because he was doing better. The parents were aware of safe sleep guidelines, and they said the infant slept in a bassinet nightly. FCDSS observed a bassinet in the parents' bedroom and a crib in the infant's bedroom that had infant supplies in them. The parents admitted to regular marijuana use; however, denied smoking at the same time so that there was a sober parent. The father said he smoked marijuana on the morning of 12/2/22, but he denied being under the influence at the time of the incident. The mother denied using marijuana on 12/2/22. The parents said the infant was eating, acting normal and he had no signs of illness.



The parents said at 8:30 PM on 12/2/22, the mother put the sibling to bed in his bedroom while the father fed the infant a bottle. After the infant fell asleep around 9:30 PM, the father swaddled the infant and placed him on his back on the adult bed. He placed pillows around the infant "as a border". The father said he went into the kitchen for about 5 minutes and when he returned to the bedroom, the mother entered the bedroom behind him. The father saw a wet spot with blood on the bed and he realized the infant was not breathing. He immediately started CPR while the mother called 911. The parents said the sibling was awake and remained in his bedroom for the incident.

The first responding law enforcement officer reported when he arrived at the home, the mother was holding the infant, tapping on his back, and giving the infant air through his mouth. Blood, dried mucus, and vomit were observed on the bed. The infant was not breathing and had no pulse. The officer said the parents reported the infant was fed, swaddled, and placed on the adult bed with a pillow. The officer said the parents could see the infant on the bed from outside the bedroom door and they later discovered he was unresponsive. The officer said the parents moved the infant to his side and discharge came out of the infant's mouth and nose.

The hospital doctor reported the infant was unresponsive upon arrival and there were no signs of injury. The parents' account of the incident was that the infant was fed a bottle then placed to sleep on a bed about 5 minutes prior to being found unresponsive. The parents reported the infant vomited blood, which the doctor said may have been caused by aspiration. The infant's pediatrician said the infant and sibling were up to date with well child visits and immunizations. The infant was last seen on 11/18/22. The infant was being evaluated for a chromosomal disorder and he was tongue tied, but otherwise healthy.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Coroner

### 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?** No

**Comments:** Fulton 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
063277 - Deceased Child, Male, 2 Mons	063278 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
063277 - Deceased Child, Male, 2 Mons	063278 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
063277 - Deceased Child, Male, 2 Mons	063279 - Father, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
063277 - Deceased Child, Male, 2 Mons	063279 - Father, Male, 28 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 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 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"/>

**Explain:**  
Risk was adequately assessed for the sibling. The parents were referred for grief services and the mother accepted.

### 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 as a result of information uncovered during the fatality investigation?	<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 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"/>





<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**

Grief services were offered to the family and the mother accepted services.

### 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
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

**Infant was born:**

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none 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)
12/10/2021	Sibling, Female, 6 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male,	Father, Male, 27 Years	Inadequate	Substantiated	



4 Years		Guardianship	
Sibling, Male, 3 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 6 Years	Other Adult - Mother of Father's 7, 6, and 4yo children, Female, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 6 Years	Other Adult - Mother of Father's 7, 6, and 4yo children, Female, 27 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 3 Years	Other Adult - Mother of Father's 7, 6, and 4yo children, Female, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Years	Other Adult - Mother of Father's 7, 6, and 4yo children, Female, 27 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 4 Years	Other Adult - Mother of Father's 7, 6, and 4yo children, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 4 Years	Other Adult - Mother of Father's 7, 6, and 4yo children, Female, 27 Years	Inadequate Guardianship	Unsubstantiated

**Report Summary:**

Montgomery County Department of Social Services (MCDSS) received an SCR report that alleged the father of the infant and the mother of his 6, 4, and 3yo children were verbally and physically abusive towards the 6, 4, and 3yo children. The mother of the children recently hit the 3yo causing scratches to his face and a cut lip. The 4yo had bruises on her arms, legs and face from her mother hitting her. It was unknown if the 6yo had ever been injured or if the father caused any injuries to the children. The 6yo was often not fed and she was hungry from missing meals. The father physically assaulted the children's mother in the presence of the children and there was a warrant for his arrest.

**Report Determination:** Indicated

**Date of Determination:** 02/19/2022

**Basis for Determination:**

IG was Sub against the father due to a domestic incident on 11/5/21. The father was charged with Harassment, and a stay away order of protection was issued against him regarding the 3 children and their mother. The allegation of IG was Unsub against the children's mother since she contacted law enforcement and obtained an order of protection. Allegations of IF/C/S and L/B/W were Unsub since the children were fed properly and there was no evidence they were hit or sustained marks. Information on domestic violence and crime victim services were provided to the children's mother. The father moved in with the mother of the infant and the sibling after the incident.

**OCFS Review Results:**

A home visit was conducted and the children and their mother were interviewed. The children's mother said the children were present for a "domestic dispute" on 11/5/21, but details of the incident were not gathered from the children or their mother in order to establish a negative impact. The father was interviewed over the phone and a home visit was not attempted. The 7-Day Safety Assessment was completed and approved 5 days late on 12/22/22. Collaterals were contacted, including a friend of the children's mother, the pediatrician, and law enforcement. Law enforcement confirmed the father was arrested for a domestic incident on 11/5/21; however, details about the incident were not gathered.

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

**Issue:**

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

**Summary:**

The mother of the children said the children were present for a "domestic dispute" on 11/5/21, but details of the incident were not gathered from the children or their mother in order to establish a negative impact. After the incident, the father moved in with the mother of the infant and the sibling. A home visit and a face-to-face interview with the father were not attempted.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

The Albany Regional Office informed there is an existing PIP in place for this issue. MCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-Day Safety Assessment was completed and approved 5 days late on 12/22/22.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

The Albany Regional Office informed this issue has already been addressed in a previous PIP.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/13/2021	Sibling, Male, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 1 Years	Mother, Female, 20 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 1 Years	Aunt/Uncle, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Aunt/Uncle, Female, 20 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 1 Years	Other Adult - Aunt's Partner , Male, 18 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Other Adult - Aunt's Partner , Male, 18 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

FCDSS received an SCR report that alleged the mother, maternal aunt and the aunt's partner left the sibling in the home unsupervised for an unknown duration of time.

**Report Determination:** Unfounded

**Date of Determination:** 11/22/2021

**Basis for Determination:**

At the time of the report, the mother and sibling resided with the maternal aunt and the aunt's partner. The mother and aunt denied the sibling was ever left unsupervised or that there was alcohol misuse in the home. The mother and aunt admitted to occasional marijuana use; however, they reported there was always a sober caretaker for the sibling. The sibling's father said he cared for the sibling while the mother worked and he had no concerns for the mother's supervision or care of the sibling. The pediatrician said the sibling was healthy and the mother was in the process of getting him caught up on immunizations he had missed.

**OCFS Review Results:**

MCDSS was assigned a secondary role to assess the sibling's father's home. They interviewed the sibling's father and observed the sibling to appear healthy and clean. FCDSS assessed the mother's home to be safe. They interviewed the mother and aunt, observed the sibling to appear healthy and clean, and discussed safe sleep guidelines. The aunt reported her partner resided in the home and provided his phone number to FCDSS. Attempts to interview him were not documented. The 7-Day Safety Assessment and RAP were completed timely and accurately and Notice of Existence was



provided to all adults. Collateral contacts were made with relatives and the pediatrician.

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

**Issue:**

Failure to Conduct a Face-to-Face Interview (Subject/Family)

**Summary:**

The aunt reported her partner resided in the home and provided his phone number to FCDSS. The aunt's partner was a subject of the report and attempts to interview him were not documented.

**Legal Reference:**

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

**Action:**

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/23/2021	Aunt/Uncle, Male, 17 Years	Grandparent, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 11 Months	Grandparent, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 17 Years	Other Adult - Grandmother's Partner , Male, 47 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 11 Months	Other Adult - Grandmother's Partner , Male, 47 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

Schenectady County Department of Social Services (SCDSS) received an SCR report that alleged the maternal grandmother and her partner were overwhelmed with caring for the then 17-year-old maternal uncle, who had a developmental disability and he masturbated in the presence of others. Sometime in May 2021, while the mother and sibling were residing in the grandmother's home, the uncle masturbated in the direct presence of the sibling. The adults were failing to adequately address the uncle's issues surrounding his excessive masturbation.

**Report Determination:** Unfounded

**Date of Determination:** 08/27/2021

**Basis for Determination:**

The grandmother and her partner reported the uncle had a developmental disability and they were working with several service providers to address the uncle's sexualized behavior. They said the uncle required a high level of supervision and he was not left alone with any other child. The mother stated she was watching the uncle and the sibling when the uncle rubbed himself over his clothes. She said he did not expose any body parts and the mother removed the sibling from the room. The mother and sibling moved out of the home during the investigation and they were unable to be located prior to case closure.

**OCFS Review Results:**

SCDSS assessed the grandmother's home to be safe. The mother and grandmother were interviewed and attempts were made to interview the uncle but he refused. Safe sleep guidelines were discussed with the mother. The sibling was observed to appear healthy with no concerns. The grandmother's partner resided in the home and was an alleged subject but he was not interviewed. Attempts to contact the fathers of the uncle or sibling were not documented and they were not provided with notice of the report. The 7-Day Safety Assessment and the RAP were completed timely and accurately. School staff, the family's service coordinator and the pediatrician were spoken to.

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

**Issue:**

Failure to Conduct a Face-to-Face Interview (Subject/Family)

**Summary:**

The grandmother's partner resided in the home and was an alleged subject; however, attempts to interview him were not documented. Attempts to contact the fathers of the uncle and sibling were not documented.

**Legal Reference:**

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

**Action:**

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

**PIP Requirement:**

SCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS will review the plan and revise as needed to address ongoing concerns.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/23/2020	Sibling, Male, 2 Days	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Days	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

MCDSS received an SCR report that alleged on 7/21/20, the mother gave birth to the sibling. The sibling tested positive for Cannabis upon delivery. The role of the sibling's father was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 08/17/2020

**Basis for Determination:**

The sibling was born premature and spent time in the Neonatal Intensive Care Unit as a result. The mother and sibling tested positive for marijuana at the time of the sibling's birth. The mother admitted to smoking marijuana once, two weeks prior to giving birth, due to stress. The mother denied that she used any other drugs or that she planned to continue smoking marijuana. The positive toxicology had no apparent negative impact on the sibling and the pediatrician had no concerns. The mother and sibling's father had the necessary supplies for the sibling and the sibling was gaining weight.

**OCFS Review Results:**

MCDSS conducted a home visit and the home was assessed to be safe. The mother and sibling's father were interviewed and safe sleep guidelines were discussed. A Plan of Safe Care was completed with the mother; however, details of the plan were not documented. Notice of Existence was provided to the adults within the required timeframe. The 7-Day Safety Assessment and RAP were completed timely and accurately. The mother requested and received mental health services. Collateral contacts were made with hospital staff, the pediatrician and the maternal grandmother.

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

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

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

**Known CPS History Outside of NYS**

There was no known 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.

### Additional Local District Comments

MCDSS continues to stress to workers the importance of face to face contacts with all household members/bioparents. MCDSS has worked with PDP coach regarding information gathering and assessments. OCI's are provided on a weekly basis to help prevent overdue safety assessments.

### 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