



Report Identification Number: AL-23-001

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

Issue Date: Jun 15, 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

| 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 | DA-District Attorney | |
| 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 | SXTF-Sex Trafficking |
| 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 | | |



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Washington
Gender: Male

Date of Death: 01/01/2023
Initial Date OCFS Notified: 01/01/2023

Presenting Information

An SCR report alleged on 1/1/23, at 2:00 AM, the maternal grandmother fed and changed the 1-month-old child and fell asleep on the couch while she held him in her arms. The grandmother's paramour was sleeping in the same room. At around 5:16 AM, the grandmother woke to find the child gray with purple limbs; he was not breathing. The grandmother attempted CPR while her paramour called 911. First responders arrived at the home at 5:23 AM and found rigor mortis had set in. The child was pronounced deceased at the home at 6:07 AM. The grandmother and her paramour did not have an explanation for the death.

Executive Summary

This fatality report concerns the death of the 1-month-old child that occurred on 1/1/23. A report was made to the SCR on the same day alleging that the child was found unresponsive and not breathing after co-sleeping with the maternal grandmother on a loveseat. The child subsequently died. At the time of his death, the child resided with the maternal grandmother and the grandmother's paramour. There were 2 siblings, aged 9 and 12 years, who resided with the paternal grandmother. They were assessed to be safe in her care.

Washington County Department of Social Services (WCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. Law enforcement records reflected the child was placed to sleep on a loveseat with multiple items. The criminal investigation remained open, pending the final autopsy report. The death certificate stated the preliminary cause of death was unable to be determined and noted the history of the infant co-sleeping with an adult.

The maternal grandmother was interviewed and reported that she placed the child inside of a u-shaped pillow next to her on the loveseat and they both fell asleep. Approximately 3 hours later, the grandmother woke and found the child unresponsive and not breathing. The grandmother gave the child mouth-to-mouth resuscitation, called 911 and was instructed on how to perform CPR.

WCDSS made collateral contacts with the mother, family members, and the pediatrician. There were no concerns for the way the grandmother cared for the child. No concerns for the siblings were revealed.

WCDSS substantiated the allegations of Inadequate Guardianship and DOA/Fatality against the maternal grandmother. The Investigation Conclusion Narrative stated the maternal grandmother co-slept on the loveseat with the child, along with multiple items including clothes, blankets, a comforter, robes, towels, a u-shaped pillow, and a stuffed animal. WCDSS noted the death certificate reflected there was a history of the child co-sleeping with an adult. WCDSS documented the child passed away as a result of his unsafe sleeping environment. The allegations were unsubstantiated against the grandmother's paramour on the basis that he did not have caretaking responsibilities for the child in the time leading up to the death.

WCDSS conducted home visits and documented interviews with the family and collateral contacts. The grandmother and mother were provided with bereavement services; it remained unknown if they participated in the services. The siblings were engaged in counseling. WCDSS completed Safety Assessments accurately. The case was closed on 3/24/23 after casework requirements were completed.

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 decision to close the case was appropriate.

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: 01/01/2023

Time of Death: 06:07 AM

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

County where fatality incident occurred: Washington

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 and/or ingested alcohol or drugs? Unknown

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 | 1 Month(s) |
| Deceased Child's Household | Grandparent | Alleged Perpetrator | Female | 56 Year(s) |
| Deceased Child's Household | Other Adult - Maternal Grandmother's Paramour | Alleged Perpetrator | Male | 45 Year(s) |
| Other Household 1 | Grandparent | No Role | Female | 66 Year(s) |
| Other Household 1 | Sibling | No Role | Male | 12 Year(s) |
| Other Household 1 | Sibling | No Role | Female | 9 Year(s) |
| Other Household 2 | Mother | No Role | Female | 32 Year(s) |
| Other Household 3 | Father | No Role | Male | 43 Year(s) |

LDSS Response

On 1/1/23, WCDSS received the fatality report from the SCR. Within the first 24 hours of the investigation, WCDSS coordinated efforts with law enforcement, contacted the source of the report, completed a CPS history check, and notified the district attorney and medical examiner's office of the death. The siblings were assessed to be safe with the paternal grandmother with whom they lived in the years prior to the death.

A law enforcement officer stated the maternal grandmother was asleep on a loveseat with the child prior to the child being found unresponsive. The grandmother's paramour was on a couch in the same room. The officer said rigor mortis had already set in when first responders arrived at the home, and that the child was pronounced deceased there. Law enforcement records noted multiple items on the loveseat with the grandmother and the child. The items identified included approximately 10 blankets, 2 pillows, a towel, bathrobes, a u-shaped pillow, a stuffed animal, and a plastic bag. At the time of this writing, the criminal investigation remained ongoing pending the final autopsy report.

On 1/1/23, the mother, her boyfriend, the maternal grandmother, and her paramour were interviewed. The mother said that the siblings resided with their paternal grandmother, and the child was in the care of the maternal grandmother since he was 1-week-old. The mother stated she had medical issues and was unable to care for the child. The mother's boyfriend did not have concerns for the child and believed he was healthy. The maternal grandmother said on 12/31/22, the child was in a bassinet until around 2:00 AM on 1/1/23, when she fed and changed him. The grandmother placed the child on a u-shaped pillow on the loveseat with her and she went back to sleep. She woke around 5:00 AM and the child was not breathing. She performed mouth-to-mouth resuscitation and called 911. The operator instructed her on how to administer



CPR. The grandmother’s paramour reported the child was cold when he was discovered unresponsive. The paramour said that the grandmother oftentimes slept on the loveseat with the child when she was “extremely exhausted” and that there were many blankets on the loveseat.

A call was made to the paternal grandmother, and the siblings were assessed to be safe with her. The following day, a home visit was made, and the siblings were interviewed. The 9 and 12-year-old siblings reported feeling safe with the paternal grandmother and did not have additional information.

The father was incarcerated at the time of the death and did not have concerns for the care the maternal grandmother provided to the child. Records obtained from the pediatrician noted the mother was provided with safe sleeping recommendations and that the maternal grandmother said the child slept in a bassinet on his back.

WCDCS determined and closed the investigation after gathering enough information to determine the allegations and assess the safety of the siblings. It was determined the family did not require further CPS intervention.

Official Manner and Cause of Death

Official Manner: Pending
Primary Cause of Death: Pending
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 referred to an OCFS approved Child Fatality Review Team? No

Comments: Washington 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 |
|---------------------------------------|--|-------------------------|--------------------|
| 063697 - Deceased Child, Male, 1 Mons | 063698 - Grandparent, Female, 56 Year(s) | DOA / Fatality | Substantiated |
| 063697 - Deceased Child, Male, 1 Mons | 063698 - Grandparent, Female, 56 Year(s) | Inadequate Guardianship | Substantiated |
| 063697 - Deceased Child, Male, 1 Mons | 063699 - Other Adult - Maternal Grandmother's Paramour, Male, 45 Year(s) | DOA / Fatality | Unsubstantiated |
| 063697 - Deceased Child, Male, 1 Mons | 063699 - Other Adult - Maternal Grandmother's Paramour, Male, 45 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"/> |



Child Fatality Report

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

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Child Fatality Report

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|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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 as a result of information uncovered during the fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain as necessary:

The siblings did not need to be removed as a result of the fatality.

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 checked="" 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 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"/> |



Child Fatality Report

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 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"/> |

Additional information, if necessary:
 The siblings were engaged in counseling as a result of the fatality. It remained unknown if the adults engaged in counseling.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 The paternal grandmother was provided with referrals to enroll the siblings in counseling, which they engaged in.

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

Explain:
 The paternal grandmother and mother were referred to mental health counseling; it remained unknown if they utilized the service.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

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) |
|--------------------|--------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 08/20/2021 | Sibling, Female, 8 Years | Mother, Female, 31 Years | Inadequate Guardianship | Substantiated | No |
| | Sibling, Female, 8 Years | Father, Male, 42 Years | Inadequate Guardianship | Substantiated | |
| | Sibling, Male, 11 Years | Mother, Female, 31 Years | Inadequate Guardianship | Substantiated | |

Report Summary:
 An SCR report received by Warren County Department of Social Services alleged on 8/20/21, at about 12:10 AM, the mother and father got into an argument in the presence of the then 8-year-old sibling. The argument escalated and the father punched the mother multiple times, and the sibling attempted to intervene by standing between them. The mother sustained bruises and swelling; the sibling did not sustain injuries.



Report Determination: Indicated **Date of Determination:** 01/05/2022

Basis for Determination:
The Investigation Conclusion Narrative stated that the then 8yo SS was asleep at the time the parents fought. The BF denied hitting the BM. The then 8yo SS woke up and screamed. The investigation revealed that prior to the report, the parents argued and threw items off a balcony. LE records confirmed the BF was arrested for assaulting the BM and for EWOC. An OP was issued barring the BF from contact with the SSs and BM. The then 8yo SS reported feeling sad and nervous when the parents fought. The investigation revealed the BM was in substance abuse treatment and was hospitalized due to her poor mental health. The PGM obtained custody of the SSs and a services case was opened.

OCFS Review Results:
The investigation was initiated timely, and the source was contacted. Home visits were made. Interviews were conducted with the family and collateral contacts. The safety of the siblings was appropriately assessed. Safety Assessments were completed accurately. The family accepted preventive services.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 01/28/2020 | Sibling, Male, 10 Years | Mother, Female, 29 Years | Educational Neglect | Unsubstantiated | No |
| | Sibling, Male, 10 Years | Mother, Female, 29 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 7 Years | Mother, Female, 29 Years | Educational Neglect | Unsubstantiated | |
| | Sibling, Female, 7 Years | Mother, Female, 29 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 10 Years | Father, Male, 40 Years | Educational Neglect | Unsubstantiated | |
| | Sibling, Male, 10 Years | Father, Male, 40 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 7 Years | Father, Male, 40 Years | Educational Neglect | Unsubstantiated | |
| | Sibling, Female, 7 Years | Father, Male, 40 Years | Inadequate Guardianship | Unsubstantiated | |

Report Summary:
An SCR report received by Warren County Department of Social Services alleged the siblings did not attend school regularly. The week prior to the SCR report the siblings only went to school once. As a result of their absences, the siblings fell behind academically. The mother and father were aware but failed to address the situation. On a regular basis, the mother and father got into loud arguments in the presence of the children. As a result of the arguing, the siblings were scared.

Report Determination: Unfounded **Date of Determination:** 02/07/2020

Basis for Determination:
The Investigation Conclusion Narrative reflected that through interviews, it was determined the siblings had a stomach bug and therefore, were not attending school. Collateral contacts were made, and it was determined the siblings' attendance was appropriate and they were passing. The parents had a history of fighting in the past, but there was not domestic violence between them in several years. Law enforcement was contacted and there was not documentation of any domestic incident within a year.

OCFS Review Results:
The investigation was initiated timely, home visits were made, and the family was interviewed. Collateral contacts were made, and information was gathered to appropriately determine the allegations.

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

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

5/22/02- 7/11/02 The MGM was Sub for XOTH against her children.



8/30/04- 10/27/04 The MGM was Sub for IG and PD/AM of one of her children.

9/13/05- 12/13/05 The MGM was Sub for IG and PD/AM and UnSub for IF/C/S regarding her children.

10/22/13- 2/10/14 The BM was UnSub for XOTH regarding the SSs.

11/21/15- 2/21/15 The parents were UnSub for XOTH and IG of the SSs.

12/4/17- 2/20/18 The MGM was UnSub for IG, CDRG and PD/AM regarding her children.

12/27/18- 2/7/19 The BF was Unsub for IG of the SSs.

Known CPS History Outside of NYS

There is no known CPS history outside of New York.

Preventive Services History

A services case was opened on 1/5/22 as the PGM obtained custody of the SSs and needed assistance in caring for them. The PGM requested assistance in obtaining a larger apartment for the family and to establish mental health counseling services for the SSs. Warren County Department of Social Services provided the PGM with a temporary assistance application and an apartment lottery application. The PGM expressed that she no longer wanted to work with Warren County and the case was closed on 2/7/22.

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

Washington County agrees with the information provided in the review. No further comments.

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