



## Report Identification Number: AL-23-016

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

**Issue Date: Jan 05, 2024**

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:** Columbia  
**Gender:** Male

**Date of Death:** 08/12/2023  
**Initial Date OCFS Notified:** 08/12/2023

## Presenting Information

An SCR report received on 08/12/23 alleged on the same day, between 2:00 PM- 2:30 PM, the mother put the 2-month-old child down for a nap. The child was placed on his back in a crib. At around 5:00 PM, the mother went to wake the child and noticed he was unresponsive. The child was face down and had a substance coming from his mouth. The mother took the child out of the crib, called 911 and administered CPR. The father was present in the home, but it remained unknown what he was doing. The child was transported to the hospital and pronounced deceased. The parents did not have a plausible explanation for the death.

## Executive Summary

This report concerns the death of the 2-month-old child that occurred on 08/12/23. A report was made to the SCR the same day alleging the mother found the child unresponsive in his crib and he later died. There were 2 subsequent reports that alleged the father performed CPR on the child while waiting for emergency services to arrive at the home. At the time of his death, the child resided with his mother, and siblings, aged 6 and 8 years. The siblings were assessed to be safe in the care of the maternal grandmother while the mother processed the death.

Columbia County Department of Social Services (CCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. The outcome of the criminal investigation remained unknown. An autopsy was performed; the manner of death was undetermined. The cause of death was “unexpected death of an infant.”

The parents were interviewed and reported that on 08/12/23, the mother placed the child down for a nap. She checked on the child approximately 3 hours later, finding him face down and unresponsive. A call was made to 911 and CPR was performed. The father rode in the ambulance with the child to the hospital, where the child was pronounced deceased. When interviewed by CPS, the parents denied co-sleeping with the child or falling asleep while feeding the child; however, the mother reported to law enforcement officers that the child was asleep on her chest, and the father reported bedsharing with the child. It remained unknown if the parents were educated on safe sleep recommendations.

CCDSS obtained information from hospital records, the pathologist and law enforcement. There were no concerns for the safety of the siblings. The father of the siblings did not have a relationship with them or with the mother.

The allegations of Inadequate Guardianship and DOA/Fatality were substantiated. The Investigation Conclusion Narrative stated the mother reported falling asleep with the child on her chest. The father reported that the parents co-slept with the child; however, later recanted. Although there was evidence to support the parents not providing a consistent safe sleeping environment for the child, the allegation of DOA/Fatality was inappropriately determined. The record reflected the child died as a result of “unexpected death of an infant.” There was not a fair preponderance of evidence that the parent’s actions or inactions caused the death of the child.

Although completed, the 7-day Safety Assessment was completed untimely. The record did not reflect a 30-day Safety Assessment was completed. A 30-day Fatality report was completed untimely. The Risk Assessment Profile was not completed accurately.

CCDSS conducted home visits and interviews with the family and collateral contacts. The family was offered grief services in response to the death. The parents initially declined the service; however, the mother later engaged in therapy.



The mother accepted the services on behalf of the siblings. It was determined the family did not require further intervention from CCDSS and the investigation was closed on 11/20/23.

### PIP Requirement

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

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** No

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

### Explain:

The decision to close the case was appropriate.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of Risk Assessment Profile (RAP)
<b>Summary:</b>	The RAP did not adequately reflect case circumstances as it did not reflect the SSs were in the care of a relative prior to the report date. The RAP did not reflect the SM had a history of DV, which resulted in the siblings being removed previously.
<b>Legal Reference:</b>	18 NYCRR 432.2(d)
<b>Action:</b>	CCDSS will consider all risk elements identified throughout the course of the investigation and



accurately document such elements into the Risk Assessment Profile.

<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	The record did not reflect a 30-day Safety Assessment was completed.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	CCDSS must document and approve a Safety Assessment within 30 days of receipt of the fatality report. The 30-day Safety Assessment does not replace, but is in addition to, the 7-day Safety Assessment.

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	Although the 30-day Fatality Report was completed, it was completed untimely on 10/26/23.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	CCDSS must document and approve a 30-day Fatality Report within 30 days of receipt of a report alleging the death of a child resulting from abuse or maltreatment. The template for this report is available in CONNX for all reports containing an allegation of a child fatality.

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The record reflected the 7-day Safety Assessment was completed untimely on 10/26/23.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	CCDSS will document and approve all Safety Assessments within the required timeframes.

<b>Issue:</b>	Appropriateness of allegation determination
<b>Summary:</b>	The autopsy report reflected the cause of death to be "unexpected death in an infant". However, the allegation of DOA/Fatality was substantiated.
<b>Legal Reference:</b>	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
<b>Action:</b>	CCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations and will consult with the Albany Regional Office if further guidance is needed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 08/12/2023

**Time of Death:** 05:53 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:**

05:14 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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	38 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Other Household 1	Other Adult - Father of the Siblings	No Role	Male	35 Year(s)

**LDSS Response**

On 08/12/23, CCDSS received the fatality report from the SCR. Within the first 24 hours of the investigation, CCDSS contacted the source of the report, coordinated investigative efforts with law enforcement, notified the medical examiner and district attorney's offices of the death and documented a CPS history check. The siblings were assessed as safe.

A law enforcement officer reported the parents' recollection of the fatal incident was inconsistent. The mother told law enforcement officers that she was sleeping with the child on her chest and then found him unresponsive. The mother requested an attorney and did not provide further information.

An emergency medical technician reported the child showed signs that he had not breathed "in quite some time." According to the emergency medical technician, there were obvious signs of death when first responders arrived at the home. The child's skin was mottled and there were no signs of profusion. The emergency medical technician reported the parents reported the child was in bed with them and that they were exhausted as the child was up all night with colic. The father then said the child was in the crib when he was found unresponsive.

Hospital records noted that the child was brought to the hospital in cardiac arrest. The father reported to hospital staff that the child was in bed with him and that he woke to find the child not breathing. The father later said that the mother found the child face down in the crib.

CCDSS conducted a home visit, and the crib was observed to have blankets folded over the sides and had stuffed animals at one end. The mother reported placing the child down for a nap in the crib around 2:00 PM- 2:30 PM. She checked on the child around 5:00 PM and noticed he had rolled over onto his stomach and was unresponsive. The father called 911 and CPR was performed. The mother reported the siblings were staying with the grandmother while the mother dealt with the death. The siblings reported the child rolled over and died. The 8-year-old sibling reported that the parents slept in the bed with the child.

On 09/22/23, CCDSS met with the mother. The mother reported she placed the child down on his back for a nap. She



checked on him a few hours later and found him face down and not breathing. The mother said she never slept in bed with the child, nor had she fallen asleep while holding him. The mother did not want to be interviewed further.

CCDSS based their allegation determination on the information the parents initially provided to first responders. The Investigation Conclusion Narrative stated that the mother stated she fell asleep with the child on her chest, and the father reported the child was sleeping in bed with the parents when the child was discovered unresponsive. The allegation of Inadequate Guardianship was appropriately substantiated as the parents' initial statements did not reflect the child was in a safe sleeping environment. Additionally, there was an aggravating factor as the parents were exhausted. However, the autopsy report did not reflect the child's death was a result of the sleeping environment nor as a result of the actions or inactions of the parents; therefore, the allegation of DOA/Fatality was inappropriately substantiated.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065784 - Deceased Child, Male, 2 Month(s)	065785 - Mother, Female, 31 Year(s)	DOA / Fatality	Substantiated
065784 - Deceased Child, Male, 2 Month(s)	065785 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
065784 - Deceased Child, Male, 2 Month(s)	065786 - Father, Male, 38 Year(s)	DOA / Fatality	Substantiated
065784 - Deceased Child, Male, 2 Month(s)	065786 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

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



# Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation





	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The siblings did not need to be removed.				

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

Were services provided to siblings or other children in the household to address any immediate needs and support



**their well-being in response to the fatality? Yes**

**Explain:**

The siblings were engaged in grief counseling.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

The parents were referred to parenting classes, mental health counseling and bereavement services. The parents declined the referrals; however, the mother later engaged in counseling.

## 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

**During pregnancy, mother:**

- |  |   |
|--|---|
| <input type="checkbox"/> Had medical complications / infections            | <input type="checkbox"/> Had heavy alcohol use  |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs    | <input type="checkbox"/> Smoked tobacco   |
| <input type="checkbox"/> Experienced domestic violence                     | <input type="checkbox"/> Used illicit drugs   |
| <input type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs  |
| <input type="checkbox"/> Used marijuana                                    | <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> With a positive toxicology     | <input type="checkbox"/> With fetal alcohol effects or syndrome                         |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none of the issues listed noted in case record |

## CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

There was a FAR case regarding the mother and siblings. There were allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse.

## Known CPS History Outside of NYS

CCDSS made diligent attempts to obtain out of state CPS information. CCDSS was able to obtain information that the mother and siblings historically resided in Massachusetts and as a result of a physical altercation with a neighbor and an incident with the father of the siblings, the mother was arrested. At the time of the altercation, both parents were intoxicated. The siblings were placed with a relative. The date(s) the incident and removal occurred remained unknown. On 01/13/22, CCDSS opened a services case to complete an Interstate Compact on the Placement of Children at the



request of Massachusetts Department of Children and Families. The children were returned to the mother and the case was closed on 06/27/22. Attempts were made to gather the records from Massachusetts to no avail.

## Foster Care Placement History

On an unknown date, the mother and father of the siblings were intoxicated when the mother was involved in an altercation with a neighbor. There was also domestic violence between the parents. The details of the violence remained unknown. As a result of the incident, the mother was arrested, and the children were removed and placed with a relative. In January 2021, the Massachusetts Department of Child and Family Services requested CCDSS complete an Interstate Compact of the Placement of Children to assess the safety of the mother's home and her ability to care for the children. The children were returned to the mother's care and the case was closed on 06/27/22. Further details were unable to be obtained.

## 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