



Report Identification Number: AL-19-031

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

Issue Date: Feb 26, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 10/07/2019
Initial Date OCFS Notified: 10/07/2019

Presenting Information

An SCR report was received which alleged on 10/7/19, between 10:00 AM and 10:30 AM, the parents of the 3-month-old child found the child unresponsive. The parents brought the child to a nearby medical clinic, and the child was then transported to the hospital via ambulance. The report alleged the child had a slight fever the previous night and was spitting up food. It was unknown if this contributed to the child's death. The roles of the other children in the household were unknown.

Executive Summary

This fatality report concerns the death of a 3-month-old male subject child (SC) that occurred on 10/7/19. A report was made to the SCR on that same date with allegations of Inadequate Guardianship, Fractures, and DOA/Fatality against the child's mother (SM) and father (SF). Albany County Department for Children, Youth and Families (ACDCYF) received the report and investigated the child's death. An autopsy was completed, and the death certificate noted the cause of death as the following: "shock due to bronchopneumonia present for days." The Medical Examiner also noted multiple healing rib fractures as an additional significant condition that contributed to the child's death; the manner of death was undetermined.

At the time of the child's death, he resided with his mother, father, and two siblings (SS), ages 3 and 2 years old. The investigation revealed that in the early morning hours on 10/7/19, the mother was at work while the father was home with the children who were sleeping. Around 2:00 AM, the subject child awoke and appeared warm with labored breathing. The father stated he suctioned the child's nose to clear any mucus and then applied a cool cloth to the child; the child then fell back to sleep. The mother arrived home from work around 4:00 AM and picked the child up out of his bassinet. The mother noticed the child's eyes were open and affixed, and his gaze seemed unfocused. The mother changed the child's diaper and reported she fell asleep with the child. The mother awoke several hours later to find the child's eyes still open and the child unresponsive. The mother took the child on foot to the health clinic one block away from the home. Medical staff at the clinic contacted emergency services while performing CPR. The ambulance arrived shortly thereafter and transported the child to the hospital, where he was pronounced deceased.

From the time the investigation began to the time of its closure, ACDCYF completed interviews with family members and relevant collateral sources. Serious concerns arose regarding the parents' care of the children shortly after the investigation began, and ACDCYF sought appropriate Family Court intervention. Law enforcement's investigation remained ongoing at the time ACDCYF closed their case. ACDCYF found credible evidence to substantiate the allegations in the report, and a CPS services case was opened and active at the time of this writing.

PIP Requirement

ACDCYF will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) ACDCYF has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, ACDCYF will review the plan(s) and revise as needed to further address on-going 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?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

Although the determination was appropriate, ACDCYF did not fully explore the fractures allegation.

Was the decision to close the case appropriate? N/A

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:

ACDCYF did not fully explore the allegations in the report, specifically where SC was residing 5 weeks prior to his death when rib fractures were sustained. Those who had contact with SC during that time period should have been interviewed prior to case closure. A CPS services case was appropriately opened.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	ACDCYF did not attempt to interview all individuals who lived in the home when SC sustained rib fractures approximately 5 weeks prior to his death. These individuals may have had information pertinent to the investigation.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	ACDCYF will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.
Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Many progress notes were entered more than one month past their event date.



LDSS Response

On 10/7/19, ACDCYF received the SCR report regarding the death of SC, which occurred on that same date. ACDCYF initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. ACDCYF worked promptly to assess the safety of the SS.

On 10/7/19, ACDCYF attempted a home visit but the parents were uncooperative. The SS were with a relative in another county and unable to be observed. ACDCYF followed up with LE who stated there were no marks or bruises observed on SC's body or the SS.

On 10/8/19, ACDCYF was informed by LE that during the autopsy of SC, multiple broken ribs in various stages of healing were found. SC's lungs were also dense which indicated possible pneumonia. LE advised ACDCYF there were no other injuries to SC, and the broken ribs were not the cause of SC's death. In response to this information, ACDCYF worked diligently with their legal department and promptly removed the SS from the care of their parents and placed them into foster care. SM and SF had no explanation for the injuries found on SC. ACDCYF brought the SS for a physical examination on this same date and the children were medically cleared. Skeletal surveys for the SS occurred the following morning and no injuries were found.

On 10/9/19, ACDCYF was informed by LE the ME dated SC's rib fractures to be approximately 5 weeks old, and intentional squeezing or other significant impact, "like falling off a building," would have caused such. LE stated the cause of death was ruled pneumonia. LE reported the parents had a video of SC on their phone during an incident they thought was a seizure, just hours prior to SC's death. LE stated despite seeing this occur, the parents did not contact EMS, rather they went back to sleep.

On 11/19/19, ACDCYF met with SM and SF with attorneys present. The parents reported on 10/6/19, SC was acting normally throughout the day and they had no concerns. The parents explained they were staying at a friend's apartment, and sleeping arrangements were as follows: SM, SF, and the SS shared an air mattress while SC slept in a portable bassinet. SM stated she fed SC around 7:30PM that evening, then bathed all 3 CHN; SC went to sleep in the bassinet after his bath, and the SS went to sleep around 8:30 PM. SM left for work at 10:15 PM and did arrive home until 4:00 AM the following morning. SF stated around 2:00 AM, he noticed SC had "heavy breathing" and felt hot, so he tried to clear his nose of mucus and put a cool rag on him; SC then fell back to sleep. When SM arrived home, she picked up SC and held him, and the parents noticed SC had his open but did not appear to be focusing. The parents stated SC had also been vomiting but it appeared to be formula. SM sat up with SC for a while and stated she "must have fallen asleep." When SM awoke a few hours later, she noticed SC still had his eyes open but did not appear to be breathing. She stated she ran with SC to the clinic one block away. The staff there began CPR and contacted 911. SM stated she did record a video of SC's eyes during the night because she felt it could have been a seizure. She stated she wanted the video to "monitor" SC, and her family had a history of seizures. Both parents denied any reason SC would have rib fractures and still had no explanation for the injuries.

Throughout the investigation, collateral sources were contacted who reported no previous concerns regarding the care of the CHN. ACDCYF attempted to locate the individual of whose apartment they shared at the time of SC's death but were unsuccessful. ACDCYF was informed by LE that the parents and SC resided with 2 roommates in another county when SC sustained rib fractures several weeks prior to his death and provided ACDCYF with the names of those individuals; however, ACDCYF did not further explore the allegations. The custody of the SS was transferred to a relative and a CPS services case was open and ongoing at the time of this writing.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown



Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: This fatality investigation was conducted by the Albany County Multidisciplinary Team.

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

Comments: This fatality was reviewed by the Albany County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053069 - Deceased Child, Male, 3 Mons	053070 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
053069 - Deceased Child, Male, 3 Mons	053071 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
053069 - Deceased Child, Male, 3 Mons	053070 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
053069 - Deceased Child, Male, 3 Mons	053070 - Mother, Female, 21 Year(s)	Fractures	Substantiated
053069 - Deceased Child, Male, 3 Mons	053071 - Father, Male, 25 Year(s)	DOA / Fatality	Substantiated
053069 - Deceased Child, Male, 3 Mons	053071 - Father, Male, 25 Year(s)	Fractures	Substantiated
053072 - Sibling, Male, 3 Year(s)	053070 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
053072 - Sibling, Male, 3 Year(s)	053071 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
053073 - Sibling, Female, 2 Year(s)	053070 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
053073 - Sibling, Female, 2 Year(s)	053071 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated

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"/>



Child Fatality Report

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

Additional information:

Per the parents' report, the family was residing in a friend's apartment, but that individual could not be located. Many progress notes were entered more than one month past their event date.

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

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

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 checked="" type="checkbox"/>	<input 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: Appropriate Family Court action was pursued and a CPS services case was opened in response to the fatality.				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: After the ME discovered numerous rib fractures during SC's autopsy, ACDCYF removed the SS from the care of their parents and placed them into foster care. At a later date, custody of the SS was transferred to PGM.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/09/2019	There was not a fact finding	Custody Transferred to Relative or Non-Relative Foster Care
Respondent:	053070 Mother Female 21 Year(s)	
Comments:	An Abuse/Neglect Petition was filed in Family Court after the ME discovered numerous rib fractures in multiple stages of healing during SC's autopsy. The SS were removed and placed into foster care on 10/8/19, and on 11/1/19, custody of the SS was transferred to PGM, where they remained at the time of this writing. The Family Court case remained opened and ongoing.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/09/2019	There was not a fact finding	Custody Transferred to Relative or Non-Relative Foster Care
Respondent:	053071 Father Male 25 Year(s)	
Comments:	An Abuse/Neglect Petition was filed in Family Court after the ME discovered numerous rib fractures in multiple stages of healing during SC's autopsy. The SS were removed and placed into foster care on	



10/8/19, and on 11/1/19, custody of the SS was transferred to PGM, where they remained at the time of this writing. The Family Court case remained opened and ongoing.

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

A CPS services case was opened in response to SC's death, and the parents were ordered to engage in numerous services via Family Court. The SS were placed in the care of their PGM.

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 SS were removed from the care of their parents and placed in the custody of their paternal grandmother. A CPS services case was opened to address ongoing concerns.

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

Explain:



A CPS services case was opened in response to the death of SC and services were ordered via Family Court. The case remained ongoing at the time of this writing.

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
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/01/2017	Sibling, Female, 1 Days	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Days	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

This report was received by ACDCYF with concerns SM gave birth to SS, and both she and the SS tested positive for marijuana.

Report Determination: Unfounded

Date of Determination: 12/15/2017

Basis for Determination:

ACDCYF conducted a thorough investigation into the concerns and linked the family to services. Progress notes and other required documentation were completed timely. ACDCYF appropriately determined the case.

OCFS Review Results:

This investigation met all statutory requirements.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/16/2017	Sibling, Male, 10 Months	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 10 Months	Father, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This report was received by Columbia County Department of Social Services (CCDSS) with concerns on the weekend of 5/13/17, SM and SF got into an argument that escalated into a physical altercation while SM was holding the then 10-month-old SS. The report further alleged SF choked SM, and others intervened; SF then used SS as a “shield” to prevent those other individuals from hitting him. It was unknown if SS was injured during the altercation.

Report Determination: Unfounded**Date of Determination:** 06/09/2017**Basis for Determination:**

CCDSS interviewed PGM and MGM, both of whom expressed concern of possible DV between SM and SF as well as drug use. It was revealed the altercation alleged in the report was between SM and PGF, and SF intervened to protect SM. CCDSS learned SM and SS fled to Albany County, so ACDCYF took on a secondary role. ACDCYF located SM and SS and assessed SS as safe. Primary responsibility was transferred to ACDCYF after SM explained she, SF and SS planned on living in Albany County. ACDCYF assisted the family with housing; however, after 3 days, the family was evicted from a shelter due to smoking marijuana. ACDCYF could not locate the family thereafter, so the case was unfounded and closed.

OCFS Review Results:

The 7 Day Safety Assessment was submitted and approved two days late (ACDCYF).

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7 Day Safety Assessment was due 5/23/17, but not completed until 5/25/17.

Legal Reference:

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

Action:

Within seven days of receiving a report, ACDCYF will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

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

In July 2016, SM was involved in a FAR case with concerns regarding PD/AM.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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