



Report Identification Number: AL-20-017

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

Issue Date: Dec 10, 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: 1 year(s)

Jurisdiction: Columbia
Gender: Male

Date of Death: 06/23/2020
Initial Date OCFS Notified: 06/23/2020

Presenting Information

An SCR report alleged on 6/22/20, at approximately 7:30 PM, the mother last fed the subject child. She did not check on him again until morning of 6/23/20 at approximately 9:00 AM. The mother had the 8-year-old sibling check on the child and the sibling found him deceased. The child had no preexisting medical condition and he was an otherwise healthy child.

Executive Summary

On 6/23/20, Columbia County Department of Social Services (CCDSS) received an SCR report regarding the death of the 1-year-old male subject child. CCDSS had an open Preventive Services case since 9/10/19, following an incident of violence between the mother and father and concerns for the subject child’s medical condition and the cleanliness of the home. Berkshire Farms provided services to the family through their Prevention Program, Family Connections Program and Home Run school-based program. At the time of the child’s death, he resided with his mother, 8-year-old sibling and 2-year-old sibling. The 8-year-old sibling’s father did not have contact with her, and the father of the subject child and 2-year-old sibling resided in Virginia and had not seen the children since November 2019.

CCDSS conducted a joint investigation with law enforcement and they interviewed the mother, fathers of the children, several family members and numerous collateral contacts. It was learned that the child was born premature and he required an extended stay at the neonatal intensive care unit. The child was under the care of multiple medical specialists and he had poor weight gain and milk protein intolerance. The child was prescribed a special formula to provide the necessary caloric intake and the mother reported she did not have the formula for several months due to the cost.

The mother reported that she placed the child to sleep in his portable crib on the night of 6/22/20 and when the 8-year-old sibling checked on the child around 9:00 AM the following morning, the child was deceased. The mother called 911 at 9:11 AM, and when first responders arrived, life-saving measures were not performed as it was determined the child had been deceased for several hours. The child was transported to the hospital and he was pronounced deceased at 9:29 AM.

An autopsy was performed, and it was determined the child’s cause of death was gross soft tissue dehydration and Rhabdomyolysis. The final autopsy report stated that there was no evidence of trauma and overall findings were consistent with death from dehydration and heat exhaustion.

The home was assessed to be extremely deplorable and unsanitary with the temperature inside the home being 93 degrees Fahrenheit. The home was condemned by the Health Department, and based on the unsafe living conditions, the siblings were removed and placed in Foster Care. An Article 10 Neglect Petition was filed, and an order of protection was issued barring the mother from unsupervised contact with the siblings. The father of the subject child and 2-year-old sibling applied for custody of both siblings. The 2-year-old sibling was placed in his custody on 10/8/20 and the 8-year-old sibling remained in Foster Care.

On 10/6/20, the mother was charged with 2nd degree manslaughter for the child’s death and she was incarcerated. The mother’s criminal charges and the Neglect Petition were pending in court at the time this report was written. CCDSS appropriately substantiated the allegations against the mother and the case remained open for ongoing CPS Services.

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 substantiate the allegations was appropriate.

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

The case remained open for ongoing CPS Services.

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: 06/23/2020

Time of Death: 09:29 AM

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:**

09:11 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident: Sleeping Working Driving / Vehicle occupant Playing Eating Unknown Other**Did child have supervision at time of incident leading to death? Yes****At time of incident supervisor was:** Not impaired.**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 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)
Other Household 2	Other Adult - 8-Year-Old Sibling's Father	No Role	Male	34 Year(s)

LDSS Response

CCDSS began their investigation upon receipt of the SCR report on 6/23/20. They searched SCR history and spoke to the source of the report, law enforcement and the Preventive Services caseworker. The Preventive Services caseworker reported last being at the home two weeks prior. The record reflected that the home was very messy on 5/14/20 when Berkshire Farms last observed the inside of the home. The mother said she would clean it up, although a follow up home visit to verify that the home was cleaned was not documented. The mother then became uncooperative and she requested that the case be closed. CCDSS requested up-to-date medical records and they were in the process of preparing the case for closure at the time of the child's death.

CCDSS and law enforcement conducted interviews with the mother and 8-year-old sibling. The mother reported that the child was healthy other than a recent fever from teething and he had issues gaining weight since birth. She said she did not have the child's prescribed formula for two months because of the cost but she fed the child almond milk and table food. The record reflected that on 5/11/20 the mother reported she was able to obtain a month's supply of formula and Berkshire Farms assisted her in leaving a message for the child's doctor to obtain documentation for WIC. On 6/11/20, the mother reported that she had spoken to the doctor. Attempts to contact the doctor regarding the child's formula by CCDSS or Berkshire Farms were not documented in the case record.

The mother reported that on 6/22/20, the child ate food and drank several bottles throughout the day. She said she placed the child in his portable crib to sleep around 7:00 PM. After the child fell asleep, she placed a bottle of almond milk in his crib for during the night. The mother and siblings then fell asleep downstairs. When the mother woke up in the morning,



she asked the 8-year-old sibling to check on the child. The 8-year-old sibling reported that when she went upstairs and picked up the child, she noticed his eyes were open and there was something wrong. The sibling brought the child downstairs to the mother and the mother called 911.

After the home was condemned the mother stayed with relatives and the siblings were appropriately placed in Foster Care. The siblings received medical examinations and they were found to be healthy with no injuries. The 8-year-old sibling was referred for mental health counseling and grief services and the 2-year-old sibling was referred for Early Intervention Services. The mother declined mental health counseling.

CCDSS interviewed the father of the 8-year-old sibling who reported that he had not had contact with his child since she was 1-year-old. He had no knowledge of the mother's care of the children. The father of the subject child and 2-year-old sibling reported that he was unaware of the condition of the home and he believed the mother was providing appropriate care to the children. He filed a custody petition right after the subject child's death, and he hoped to obtain custody of both siblings.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Other physician

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055750 - Deceased Child, Male, 1 Yrs	055751 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055750 - Deceased Child, Male, 1 Yrs	055751 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
055750 - Deceased Child, Male, 1 Yrs	055751 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated
055750 - Deceased Child, Male, 1 Yrs	055751 - Mother, Female, 30 Year(s)	Malnutrition / Failure to Thrive	Substantiated
055752 - Sibling, Female, 8 Year(s)	055751 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055752 - Sibling, Female, 8 Year(s)	055751 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
055753 - Sibling, Male, 2 Year(s)	055751 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055753 - Sibling, Male, 2 Year(s)	055751 - Mother, Female, 30 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input 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:
 Risk was adequately assessed and the children were appropriately placed in Foster Care. The mother declined all services offered to her 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:
 The siblings were removed and placed in Foster Care.

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:
06/26/2020	There was not a fact finding	There was not a disposition
Respondent:	055751 Mother Female 30 Year(s)	
Comments:	An Article 10 Neglect Petition was filed and the siblings were removed and placed in Foster Care. The petition was pending in Family Court at the time this report was written.	

Criminal Charge: Manslaughter Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:



10/06/2020	The mother	Pending	Pending
Comments:	The mother was charged with 2nd Degree Manslaughter and her charges were pending in court at the time this report was written.		

Have any Orders of Protection been issued? Yes	
From: 06/26/2020	To: Unknown
Explain: A temporary order of protection was issued barring the mother from contact with the siblings. The order was later modified to allow supervised contact with the siblings.	

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 received Foster Care services following the fatality. Additionally, the 8-year-old sibling received counseling and grief services and the 2-year-old sibling received Early Intervention services.

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

Explain:

The mother declined all services related to the fatality.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was the child ever placed outside of the home prior to the death?	No
Were there any siblings ever placed outside of the home prior to this child's death?	No
Was the child acutely ill during the two weeks before death?	No

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)
10/09/2019	Deceased Child, Male, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 1 Years	Mother, Female, 29 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 29 Years	Malnutrition / Failure to Thrive	Unsubstantiated	

Report Summary:

An SCR report alleged on 10/9/19, the mother went against medical advisement and refused to have the subject child admitted to the hospital. The child was malnourished and had lost 4 pounds over the previous month. The child was seen on 8/14/19 for the same concern. The mother was aware of the child's condition and failed to adequately address his needs.

Report Determination: Unfounded

Date of Determination: 12/16/2019

Basis for Determination:

During a pediatrician appointment on 10/9/19, the doctor recommended the child be brought to the ER due to weight loss. The mother complied, although she left the hospital after a significant amount of time when the child had still not been seen. The mother returned to the hospital when instructed to by CCDSS, and the child was admitted. It was discovered the child was severely constipated and he was diagnosed with a milk protein allergy. The child gained weight while hospitalized and he was discharged home on a special formula and a dairy-free diet. The case remained open for Preventive Services with CCDSS and Prevention Family Connections via Berkshire Farms.

OCFS Review Results:

CCDSS interviewed all household members and spoke to numerous collateral contacts. They conducted home visits throughout the case and monitored the children's health and the mother's follow through with medical appointments. A safe sleep environment was observed and discussed with the mother.



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)
08/13/2019	Sibling, Female, 7 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 1 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 11 Months	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Mother, Female, 29 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 29 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 11 Months	Mother, Female, 29 Years	Lack of Medical Care	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 30 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 11 Months	Father, Male, 30 Years	Lack of Medical Care	Substantiated	

Report Summary:

An SCR report alleged on 8/12/19, at 2:00 AM, the father threw the mother then pushed, kicked and put his hands around her throat causing her to gasp for air in the presence of the youngest sibling and with the subject child and oldest sibling in the home. The youngest sibling began screaming and called out for the mother while witnessing the attack.

Report Determination: Indicated

Date of Determination: 10/11/2019

Basis for Determination:

The father assaulted the mother and the youngest sibling awoke during the altercation and he was visibly frightened. The mother did not take the subject child to specialist appointments as recommended and he was behind on vaccines. The child was seen by his pediatrician on 8/14/19, after CPS instructed her to take him. The child was diagnosed with Failure to Thrive and he was placed on high calorie formula. The siblings were also behind on routine medical care. The home was often observed to be messy and cluttered. The case was indicated and opened for Preventive Services.

OCFS Review Results:

CCDSS conducted home visits throughout the case and monitored the mother's follow through with the children's medical appointments. Safe sleep was discussed and CCDSS appropriately referred the mother for DV services, Early Intervention services, Preventive Services and Berkshire Farms Home Run Program. There were no attempts documented to interview the father of the oldest sibling.

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

Issue:

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

Summary:

There were no attempts documented to interview the father of the 8-year-old sibling.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

CCDSS will make efforts to conduct face-to-face contacts with a child and/or child's parents or guardians and document efforts that were successful.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/21/2018	Deceased Child, Male, 16 Days	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Far-Closed	Yes

Report Summary:

An SCR report was tracked FAR that alleged the subject child was born at 28 weeks gestation and his meconium tested positive for marijuana. The mother admitted to smoking marijuana early in her pregnancy.

OCFS Review Results:

The child was discharged from the hospital with appointments for developmental pediatrics, ophthalmology, cardiology, and pediatrician. CCDSS assisted the mother with transportation, WIC, Healthy Families and daycare assistance and they referred her to mental health counseling. They provided a portable crib, car seat, cell phone and clothing. Safe sleep recommendations were discussed and a safe sleep environment was observed. The mother said that the child missed two specialist appointments after he was discharged. It was not documented that medical providers were spoken to in order to assess the ongoing health and safety of the child. A Plan of Safe Care was not completed as required.

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

Issue:

FAR-Complete Collateral Contacts with Family's Permission

Summary:

The mother reported that the child missed two specialist appointments after he was discharged to her care. It was not documented that medical providers were spoken to in order to assess the ongoing health and safety of the subject child.

Legal Reference:

18 NYCRR 432.13 (d)(2)(ii); 18 NYCRR 432.13 (e)(1)

Action:

CCDSS will contact collateral contacts to gather information on the status of the child's safety and to determine the presence of safety factors within the family.

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

An SCR report received by Albany County on 9/4/14 was unfounded against the mother for the allegations of Inadequate Guardianship and Lack of Supervision regarding the oldest sibling.

An SCR report received by Greene County on 9/21/12 was unfounded against the mother for the allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse regarding the oldest sibling.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 09/10/2019

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 09/10/2019



Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine



Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
Berkshire Farms Prevention Program provided Preventive Services to the family.

Preventive Services History

A Preventive Services case was opened from 8/6/12-10/31/12 due to the mother and oldest sibling being homeless. The mother moved to Greene County and the Preventive Services case was closed after an SCR report was received.

A Preventive Services case opened on 9/10/19 to assist the mother in meeting the subject child's medical needs and to assist her in meeting and maintaining basic household needs and cleanliness. The mother engaged in Berkshire Farms Prevention Program, Family Connections, and the Home Run school-based program. The subject child began to see a new pediatrician, he was placed on a new dietary plan and he was gaining weight. CCDSS and Berkshire Farms closely monitored the mother's compliance with appointments and provided her with transportation. Home visits were conducted frequently throughout the case and safe sleep guidelines were discussed. The home was often observed to be cluttered and unclean and the mother cleaned up the home when it was brought to her attention. On 5/14/20, the home was observed to be extremely messy and the mother said she would clean it. There were no documented observations of the condition of the inside of the home after that date. On 6/3/20, the mother became resistant to services and she requested that the case be closed. CCDSS was in the process of closing the case when the subject child was found unresponsive.

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