



Report Identification Number: AL-20-032

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

Issue Date: Mar 30, 2021

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 month(s)

Jurisdiction: Montgomery
Gender: Male

Date of Death: 09/29/2020
Initial Date OCFS Notified: 09/29/2020

Presenting Information

Two SCR reports were received that alleged on 9/28/20 prior to 11:59 PM, the 1-month-old infant was in the care of the mother and father. At the time, the infant was in bed with the mother. At one point, the infant became unresponsive, limp, blue, cyanotic, was not breathing, had no heartbeat and subsequently died. The parents had no explanation for the infant's death. The role of the two siblings was unknown.

Executive Summary

On 9/29/20, the Montgomery County Department of Social Services (MCDSS) received two SCR reports regarding the death of the 1-month-old male subject infant. At the time of the infant's death, he resided with his mother, father and two siblings, ages 2 and 1.

MCDSS conducted a joint investigation with law enforcement and they learned that on the night of 9/28/20, the father went to a friend's house at 7:30 PM. At that time, the mother put the 1-year-old sibling to bed in his crib. At 9:00 PM, the mother, 2-year-old sibling and the infant went to bed in the parents' king-sized bed. The infant was sleeping when the mother placed him on his back on top of a u-shaped infant pillow in the center of the bed by her knees. The father arrived home between 11:30 PM and 12:00 AM. When he entered the bedroom, he saw that the mother and sibling were sleeping, and the infant was unresponsive on the u-shaped pillow. The father woke the mother and she attempted to perform CPR. The father immediately drove the infant to the hospital, which was approximately 5 minutes away. The father and infant arrived at the hospital at 12:01 AM, and the infant was in full pulmonary cardiac arrest. Attempts to resuscitate the infant were unsuccessful and he was pronounced deceased at 12:30 AM.

An autopsy was performed, and the manner of death was "undetermined." The cause of death was "history of infant found unresponsive after co-sleeping with an adult and small child and with bilateral acute pneumonia." The forensic pathologist reported that there were no signs of trauma, the toxicology test was negative, and the pneumonia was significant. Law enforcement concluded their investigation with no criminal charges filed.

The mother had a history of substance abuse which resulted in the positive toxicology of all three children at birth. During previous CPS investigations, the mother declined referrals for substance abuse services. The mother admitted to drinking three small bottles of wine between 7:30 PM and 9:00 PM on the night of the incident, and she denied that she had used any drugs. The father admitted to drinking two beers while he was at his friend's home and he denied using any drugs. When law enforcement responded to the home after the infant's death, they found a burnt marijuana cigarette in the parents' bedroom, as well as several empty beer cans and three empty small wine bottles in the kitchen. MCDSS assessed the safety of the siblings throughout the investigation and they assessed the home to be safe.

The father declined a referral for substance abuse services. MCDSS referred the mother for substance abuse services and she was advised if she did not follow through with treatment recommendations, family court action may be necessary. The mother accepted the referral for substance abuse and grief counseling services, and she was engaged in both services at the time this report was written.

MCDSS substantiated the allegation of DOA/Fatality against the mother as there was credible evidence that the unsafe sleep environment contributed to the infant's death. MCDSS substantiated the allegation of Parent's Drug/Alcohol Misuse against the parents regarding the infant since they both consumed alcohol on the night of the incident and due to the



mother's history of substance abuse. A review of the case record found no evidence that the father's alcohol consumption outside the home had a negative impact on the children. There was credible evidence in the case record that the mother was the sole caretaker for all three children at the time she was under the influence of alcohol and allegations were not added regarding the siblings. MCDSS unsubstantiated the allegation of Inadequate Guardianship against the parents since the infant was found to be well-cared for. A review of the case record found evidence that the mother failed to meet a minimum degree of care for the infant by utilizing an unsafe sleep environment. The case closed on 12/7/20.

PIP Requirement

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

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

MCDSS indicated and closed the investigation once regulatory requirements were met.

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality



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

Issue:	Appropriateness of allegation determination
Summary:	The evidence gathered did not support substantiating PD/AM against the father. There was credible evidence gathered to support substantiating the allegations against the mother of PD/AM regarding the siblings and IG regarding the infant.
Legal Reference:	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
Action:	MCDSS 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: 09/29/2020

Time of Death: 12:30 AM

Date of fatal incident, if different than date of death:

09/28/2020

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

Unknown

County where fatality incident occurred:

Montgomery

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

No

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

N/A

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

How long before incident was the child last seen by caretaker? 2 Hours

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
-----------	--------------	------	--------	-----



Child Fatality Report

Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

LDSS Response

MCDSS conducted a thorough investigation into the infant's death. They spoke to the sources of the reports, hospital staff, law enforcement, coroner's office, forensic pathologist, and the children's pediatrician. MCDSS searched SCR history, notified the DA's office about the infant's death, conducted home visits, and interviewed the parents and extended family members.

During interviews with the parents they reported that they were aware of safe sleep guidelines. Every night the mother slept on the couch and the infant slept in a portable crib in the living room. The 2-year-old sibling slept in the parents' king-sized bed with the father and the 1-year-old sibling slept in a crib in a separate bedroom. The infant had not had any illness or injury since birth, and on 9/28/20, he had been acting normal and eating regularly. After the father left around 7:30 PM, the mother put the 1-year-old sibling to bed in his crib. She then consumed three small bottles of wine that came in a four pack before she went to bed around 9:00 PM. She decided to go to sleep in the parents' bed with the infant and 2-year-old sibling. She placed the sleeping infant on his back on the u-shaped infant pillow. He slept on top of the covers by her knees with a small light weight blanket covering him. The mother and the sibling slept on either side of the infant and under the covers. The father consumed two beers while he was at his friend's house. When he arrived home, he went into the bedroom to change his clothes. He picked up the infant and he was lifeless. He woke up the mother, who blew breaths into the infant's mouth and there was no response. The mother called 911 and the father did not wait for an ambulance. He put the infant in the car and drove to the nearby hospital. The father's adult daughter saw him drive by at a high rate of speed, so she went to the house to check on the family. She watched the siblings while the mother drove to the hospital.

Professional and familial collaterals reported no concerns for the parents' care of the children. The pediatrician reported that the children were up to date with well-child visits and immunizations. The infant was assessed to be healthy at his last appointment on 9/11/20. When asked about the diagnosis of pneumonia, the doctor stated that pneumonia comes on very quickly in an infant and the symptoms could have been very subtle.

Law enforcement reported that the mother smelled of alcohol following the incident and that she appeared impaired. Hospital staff stated that the infant was deceased when he arrived at the hospital, and based on his body temperature, he had been deceased no more than two hours. Hospital staff and the forensic pathologist observed no signs of trauma and the infant appeared to be well nourished.

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: 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? No



Comments: Montgomery County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056469 - Deceased Child, Male, 1 Mons	056470 - Mother, Female, 31 Year(s)	DOA / Fatality	Substantiated
056469 - Deceased Child, Male, 1 Mons	056470 - Mother, Female, 31 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
056469 - Deceased Child, Male, 1 Mons	056471 - Father, Male, 39 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
056469 - Deceased Child, Male, 1 Mons	056470 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
056469 - Deceased Child, Male, 1 Mons	056471 - Father, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
056469 - Deceased Child, Male, 1 Mons	056471 - Father, Male, 39 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Fatality Risk Assessment / Risk Assessment Profile

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

Explain:
The mother engaged in substance abuse and grief counseling services.

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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality



Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The parents were referred for grief counseling services.

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



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)
08/04/2020	Deceased Child, Male, 7 Hours	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

Report Summary:

An SCR report alleged the mother gave birth to the subject infant and the mother's toxicology was positive for marijuana at the time of delivery. The infant's toxicology results were pending.

Report Determination: Unfounded

Date of Determination: 08/20/2020

Basis for Determination:

The mother admitted to using marijuana during all three pregnancies and having a history of using cocaine and mental health concerns. The infant's meconium and the mother's toxicology test were positive for marijuana at the time the infant was born. The pediatrician reported that the infant was healthy and the positive toxicology did not have a negative effect on him. The father denied that he used drugs and reported he was the sober caretaker for the children. The mother declined the need for substance abuse services.

OCFS Review Results:

The parents were interviewed and the home was assessed to be safe. Safe sleep education was provided to the parents and a safe sleep environment was observed for all three children. The pediatrician and the paternal grandmother were spoken to as collateral resources. Safety Assessments and the RAP were completed timely. Appropriate services were not offered to the family to address the mother's history of untreated substance abuse, history of mental health concerns and her third positive toxicology birth.

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

Issue:

Failure to Offer Appropriate Services

Summary:

Based on the investigation and evaluation, appropriate services were not offered to the family to address the mother's history of untreated substance abuse, history of mental health concerns and her third positive toxicology birth.

Legal Reference:

SSL §424(10);18 NYCRR 432.3(p)

Action:



Based on the investigation and evaluation, MCDSS will offer appropriate services to the family or any child believed to be suffering from abuse or maltreatment, or both, or to the family and any child who are part of a family assessment response, and, in offering these services, explain to the family that the child protective service has no legal authority to compel the family to receive services.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/12/2019	Sibling, Male, 1 Days	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

Report Summary:
 An SCR report alleged the mother gave birth to the youngest sibling and both the mother and the sibling tested positive for marijuana at the time of birth.

Report Determination: Unfounded **Date of Determination:** 06/20/2019

Basis for Determination:
 The youngest sibling's and the mother's toxicology tests were positive for marijuana at the time the sibling was born. The mother admitted to daily marijuana use, although there was a lack of credible evidence that the mother's marijuana use had a negative effect on the sibling. The children's pediatrician reported the siblings were healthy and there were no concerns for their care. The mother was not engaged in substance abuse services and she declined the need for services.

OCFS Review Results:
 MCDSS interviewed the parents and assessed the home to be safe. They spoke to the pediatrician and paternal grandmother. Safety assessments and the RAP were completed timely. The record did not reflect that safe sleep education was provided to the parents. Appropriate services were not offered to the family to address the mother's history of untreated substance abuse, history of mental health concerns and her second positive toxicology birth.

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

Issue:
 Failure to Offer Appropriate Services

Summary:
 Based on the investigation and evaluation, appropriate services were not offered to the family to address the mother's history of untreated substance abuse, history of mental health concerns and her second positive toxicology birth.

Legal Reference:
 SSL §424(10);18 NYCRR 432.3(p)

Action:
 Based on the investigation and evaluation, MCDSS will offer appropriate services to the family or any child believed to be suffering from abuse or maltreatment, or both, or to the family and any child who are part of a family assessment response, and, in offering these services, explain to the family that the child protective service has no legal authority to compel the family to receive services.

Issue:
 Failure to provide safe sleep education/information

Summary:
 The record did not reflect that safe sleep education was provided to the parents during the investigation.

Legal Reference:
 13-OCFS-ADM-02 & CPS Program Manual, Chapter 6, J-1

Action:
 MCDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/02/2018	Sibling, Male, 1 Days	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 1 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the mother tested positive for marijuana at the time of the birth of the oldest sibling. The sibling's urine tested negative for marijuana and his meconium test was pending.

Report Determination: Unfounded

Date of Determination: 03/30/2018

Basis for Determination:

The mother was admitted to the hospital for three days prior to the oldest sibling's birth and she tested positive for marijuana, cocaine and opiates. The sibling's meconium and the mother's toxicology test were positive for marijuana at the time the sibling was born. The mother reported she had previously been in alcohol treatment and she had a history of suicidal ideation. The father denied knowledge of the mother's drug use. The sibling was born with medical issues which were successfully treated. His health issues could not be attributed to the mother's drug use and he appeared to be well-cared for. The mother was referred for substance abuse services.

OCFS Review Results:

MCDSS interviewed the parents and assessed the home to be safe. They provided safe sleep education and observed provisions for the sibling. Hospital staff, the sibling's doctor, and the paternal grandmother had no concerns for the parents' care of the sibling. Safety Assessments and the RAP were completed accurately and timely. MCDSS confirmed the mother scheduled an appointment for substance abuse treatment, however they closed the case without following up with the treatment provider to make sure the mother attended the appointment and engaged in services.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

MCDSS did not follow up with the substance abuse treatment provider regarding the mother's engagement in services.

Legal Reference:

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

Action:

MCDSS will make diligent efforts to contact collaterals to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

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

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

Known CPS History Outside of NYS

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



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

Montgomery County’s approach to addressing safe sleep, is to review safe sleep practices with the parents/adults in the family. Over the past years Montgomery county has also had several different handouts, books, magnets, bags, & sleep sacks that we have provided to the families we work with that have infants in the home. Montgomery County (during the time periods that cover the cases in question) also had pack-n-plays to give to families that were found to not have appropriate sleeping arrangements for children 2 and under.

In regards to the citations for services, the family had family resources available for support, the mother was offered information for addiction services and had even scheduled an intake appointment in the 1st investigation. The infants were found to be healthy and well cared for, as were their siblings. There was no negative impact on any of the children at the time, therefore, there was no basis to pursue family court action.

Montgomery County regularly addresses with families the need for there to be a sober caretaker for the children.

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