



**Report Identification Number: AL-21-027**

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

**Issue Date: Apr 18, 2022**

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:** 4 month(s)

**Jurisdiction:** Rensselaer  
**Gender:** Male

**Date of Death:** 10/30/2021  
**Initial Date OCFS Notified:** 10/30/2021

## Presenting Information

Rensselaer County Department of Social Services (RCDSS) received an SCR report that alleged on 10/30/21 at 8:44AM, the subject child was brought to the hospital by emergency medical services due to cardiac arrest. The child was unable to be revived and was pronounced deceased at 9:04AM. The mother was unable to provide an explanation for the child's death. A subsequent report was received on the same date, which alleged concerns about the condition of the home, as well as marijuana and paraphernalia being accessible to the 7-year-old sibling.

## Executive Summary

On 10/30/21, the RCDSS received an SCR report regarding the death of the 4-month-old male child that occurred on the same day. At the time of the child's death, he resided with his mother and father. The father had a 7-year-old child who resided with his mother and visited the home. The sibling was assessed to be safe in the care of his mother. RCDSS implemented a safety plan regarding the father and sibling, which required the father's contact with the sibling be supervised due to concerns of alcohol misuse.

RCDSS conducted a joint investigation with law enforcement to gather information regarding the fatality. It was learned that on 10/29/21, the mother and father worked in the afternoon into the evening and the child was babysat by the grandmother. The child was dropped off to the mother once she was finished with work and she went shopping with him. The mother and child picked up the father, then the 7-year-old sibling and returned home. The family spent time together in their living room until around 12:00AM, when the mother brought the child into her bedroom and placed him to sleep in his bassinet. In the early morning the child cried and the mother woke up and brought the child into her bed. The mother propped the bottle for the child until he held the bottle on his own. The mother then turned over and fell back asleep. The mother woke a few hours later and the child was pale and had blue lips. The mother ran the child out to the living room where the father was asleep. The mother called 911 and performed cardiopulmonary resuscitation until first responders arrived.

An autopsy was performed and the manner of death was natural and the cause was Unexplained Sudden Death in Infancy. Law enforcement had not pursued criminal charges related to the child's death and their investigation was closed.

RCDSS unsubstantiated the allegations of Inadequate Guardianship and DOA/Fatality, as they determined the SCR report was made in relation to the death, and the autopsy reflected that the parents' actions did not contribute to the death or place the child at imminent risk of death. The allegation of Inadequate Food, Clothing and Shelter was unsubstantiated, as RCDSS determined the investigation failed to reveal credible evidence that the condition of the home had a negative impact on the children. RCDSS offered the mother and father grief counseling services, domestic violence services and burial assistance. RCDSS made an addiction counseling referral regarding the father.

## 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

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:**

RCDSS offered services that were appropriate to the concerns identified and closed their CPS investigation.

**Required Actions Related to the Fatality**

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The safety factor and safety decision in 24-hour safety assessment were incorrect. The concern of unsafe sleep was not applicable to the 7yo SS.
<b>Legal Reference:</b>	SSL 424(6); 18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	RCDSS will document and approve all assessments and accurately reflect the safety factors that are present, along with any safety plan that has been devised.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	Approximately 18 out of 96 notes were entered more than a month after their event dates.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

**Fatality-Related Information and Investigative Activities**



## Incident Information

Date of Death: 10/30/2021

Time of Death: 09:04 AM

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

Unknown

County where fatality incident occurred:

Rensselaer

Was 911 or local emergency number called?

Yes

Time of Call:

08:26 AM

Did EMS respond to the scene?

Yes

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? 3 Hours

At time of incident was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

 Distracted Absent Asleep Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Other Household 1	Other Adult - Mother of 7yo sibling	No Role	Female	27 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	7 Year(s)

## LDSS Response

Upon receipt of the SCR report on 10/30/21, RCDSS initiated their investigation and coordinated efforts with LE, notified the DA's office, conducted a CPS history check and interviewed the family.

RCDSS completed separate interviews with the parents. The SM reported that on 10/29/21 she had to work at 3:00PM and the SF at 4:00PM. The MGM watched the SC at her home while the parents worked. When the SM was finished, two maternal uncles drove the SC from the MGM's home to the SM's job. The SM and SC went to the store and then picked the SF up from work at 9:00PM. The parents picked up the SS from his BM's house and returned home. The parents and



children spent time watching videos on YouTube for the night. At 12:00AM, the SM retrieved the SC out of a swing he was in, and brought him into her bedroom. She placed the SC in his bassinet. The SM fell asleep around 1:00AM, and the SF and SS were asleep in the living room. The SF confirmed he slept on the couch for the duration of the evening and the SS was on a separate couch. At approximately 5:00AM, the SC began to cry. The SM retrieved the SC and brought him into her bed. The SM fed the SC a bottle while he laid on his back. The SC began to hold the bottle on his own, and the SM turned away from the SC and fell asleep. At 8:00AM, the SM woke and tried to pick up the SC and he was lifeless. The SM brought the SC to the living room, began CPR and called 911.

The SM reported the SC typically slept in his bassinet or swing on his back. The SM also said she had co-slept with the SC in the past without an issue. In the two weeks prior to the death the SC had a respiratory illness. The SM brought the SC to the pediatrician, who provided medication. The SM gave the SC the medication and did not finish the prescription, as she stopped once he began to feel better. The SC, MGM and SF reported the SC would spit up while eating.

RCDSS inquired about drug and alcohol use. The SM reported she and the SF smoked marijuana daily. The SC was born with a positive toxicology for marijuana. The SM denied the marijuana was accessible to the children. The SM drank alcohol two to three times per week and the SF drank multiple drinks daily. The night of the death, the SM had one alcoholic drink and the SF had several and was impaired. RCDSS requested the parents complete a drug screen. The parents' tests returned positive for marijuana, alcohol and benzodiazepines. The parents reported taking non-prescribed anxiety medication after the child's death.

RCDSS interviewed the 7-year-old SS. He was at the SF's home the night of the death. The SS reported the SC typically slept in a crib or swing. The morning of his death the SS recalled the SC being in the parents' bed. The SS reported he knew the SF drank, but had not seen him act different when he did. Following the death, RCDSS implemented a safety plan, which did not allow the SF to have unsupervised contact with the SS while information was gathered regarding the death and due to the SF's alcohol use. RCDSS ended their safety plan after they discussed the need for a sober caretaker with the SF and the SS's BM reported she would not allow the SS to visit if she believed the SF was under the influence. A referral was made for the SF to attend a substance use evaluation.

RCDSS gathered information from collaterals, including first responders and the pediatrician. The SF initially reported to law enforcement that he was in bed with the SM and SC the morning of the incident, after the SM had brought the SC into the bed during the night. First responders reported concerns for the condition of the home, specifically that it was littered with garbage, beer cans, clothing, and had a strong odor of cigarette smoke. There was marijuana in the parents' bedroom and on the kitchen table. The pediatrician examined the SC several times in October 2021. There were concerns for wheezing, coughing, congestion, and a rash, and the SC was prescribed medication.

### Official Manner and Cause of Death

**Official Manner:** Natural

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

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

### Multidisciplinary Investigation/Review

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

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

**Comments:** RCDSS referred the fatality to their OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary



# Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059747 - Deceased Child, Male, 4 Mons	059770 - Father, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
059747 - Deceased Child, Male, 4 Mons	059770 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059747 - Deceased Child, Male, 4 Mons	059770 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
059747 - Deceased Child, Male, 4 Mons	059748 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
059747 - Deceased Child, Male, 4 Mons	059748 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059747 - Deceased Child, Male, 4 Mons	059748 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
059772 - Sibling, Male, 7 Year(s)	059770 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059772 - Sibling, Male, 7 Year(s)	059770 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
059772 - Sibling, Male, 7 Year(s)	059748 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
059772 - Sibling, Male, 7 Year(s)	059748 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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



# Child Fatality Report

	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"/>

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

RCDSS discussed grief counseling services with the sibling's mother on behalf of the sibling.

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

Explain:

The mother and father were offered grief counseling and burial assistance.

### 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  Had heavy alcohol use
- Misused over-the-counter or prescription drugs  Smoked tobacco
- Experienced domestic violence  Used illicit drugs
- Was not noted in the case record to have any of the issues listed

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/23/2021	Deceased Child, Male, 1 Days	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

**Report Summary:**

An SCR report alleged that the mother gave birth to the subject child on 6/22/21. At the time of the birth, the mother and child tested positive for marijuana. The role of the father was unknown.

**Report Determination:** Unfounded**Date of Determination:** 07/09/2021**Basis for Determination:**

RCDSS completed casework and collateral contacts and determined the subject child's positive toxicology for marijuana did not cause any medical complications for the child and he was found to be healthy. The parents had necessary provisions for the child.

**OCFS Review Results:**

RCDSS initiated their investigation and assessed the safety of the child within 24-hours of receipt of the SCR report. RCDSS spoke to the source, completed a CPS history check, and provided written notice of the SCR report. A home visit was completed and face-to-face interviews were conducted. RCDSS provided the parents with information on safe sleep guidance and "extensively" reviewed it with them. The parents had necessary provisions for the child, including a safe sleep environment. The record did not reflect a Plan of Safe Care was completed in conjunction with the mother. In addition, the RAP did not reflect the mother's criminal history related to substance misuse.

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

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

It was documented during the interview with the mother that she was charged with driving while intoxicated within the past two years, and this information was not reflected in the RAP.



**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

RCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

**PIP Requirement:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. RCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

**Issue:**

Failure to complete, document, and monitor a Plan of Safe Care

**Summary:**

Although RCDSS discussed the mother's marijuana use and sober care taker expectations, the record did not reflect that a Plan of Safe Care was completed.

**Legal Reference:**

17-OCFS-LCM-03 & 18-OCFS-LCM-06

**Action:**

RCDSS will complete, document & monitor a plan of safe care that specifically addresses the child(ren) affected by substance abuse and the affected caregiver. RCDSS will complete the required form (OCFS-2196 Plan of Safe Care), when developing and documenting the Plan of Safe Care with the family.

**PIP Requirement:**

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. RCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

**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 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