



Report Identification Number: AL-21-012

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

Issue Date: Oct 18, 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: Schenectady
Gender: Male

Date of Death: 05/06/2021
Initial Date OCFS Notified: 05/06/2021

Presenting Information

Schenectady County Department of Social Services (SCDSS) received a report from the SCR on 5/6/21 alleging the 6-week-old subject child was in the care of his mother, step-grandmother, and grandfather on the same date. Shortly before 1:00AM, the mother fed the subject child and placed him to sleep in his bassinet. At approximately 4:00AM, the mother went to check on the subject child and found him unresponsive and not breathing. The mother called to the grandparents to help and also called 911. The step-grandmother began CPR on the child. Shortly after 4:00AM, first responders arrived and took over resuscitation efforts while transporting the child to the hospital. Upon arrival at the emergency room, medical personnel continued life saving measures until 4:48AM, when the child was declared dead. The child did not have visible injuries to his body and was an otherwise healthy child.

Executive Summary

This report concerns the death of the six-week-old male subject child. SCDSS received the report on 5/6/21, the date the subject child was found unresponsive in his home.

The subject child resided at home with the mother, maternal grandfather, maternal step-grandmother, and one-year-old sibling. The father did not reside in the home but had regular visitation with the subject child and sibling. The sibling was assessed on 5/6/21 to be safe in the care of her mother and maternal grandparents.

The investigation revealed that on 5/5/21, the mother put the subject child and sibling to bed at approximately 8:00PM. Between midnight and 1:00AM, the mother fed the subject child, burped him, and placed him back to sleep in his bassinet. The mother reported following safe sleep guidelines and always placed the child to sleep on his back, swaddled. The mother woke to use the bathroom around 4:00AM and checked on the subject child at that time. The mother found the subject child not moving or breathing. She woke the maternal grandparents. The maternal grandfather called 911 while the maternal step-grandmother performed CPR. First responders arrived, took over resuscitation efforts, and transported the subject child to the hospital. The subject child was pronounced dead at the hospital at 4:48AM on 5/6/21.

SCDSS completed a joint investigation with law enforcement and no criminal charges were filed, though the criminal investigation remained open pending toxicology results. Law enforcement attended the autopsy and reported the likely cause of death was sudden infant death syndrome (SIDS). The final autopsy report was pending at the time of this writing. Preliminary autopsy report listed the manner and cause as inconclusive.

Medical records and the investigation revealed the mother had a normal delivery without complications. The subject child had no medical issues after birth and attended all routine medical appointments. The sibling was up to date with well-child visits and there were no notable concerns for her health or safety.

SCDSS contacted collateral sources and determined there was insufficient credible evidence to support the allegations of inadequate guardianship and DOA/Fatality against the mother, maternal grandfather, and maternal step-grandmother. The mother and grandparents adhered to safe sleep guidelines and always placed the subject child to sleep on his back, with no items in the bassinet. Both parents and maternal grandparents were offered referrals for grief and mental health counseling. The mother denied services, reporting she would seek out services within her community if needed. It was unknown if the maternal grandparents or father were utilizing 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:

SCDSS thoroughly investigated the incident and closed the case once all case objectives were completed.

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 consistent with best casework practice.

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: 05/06/2021

Time of Death: 04:48 AM

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

Unknown

County where fatality incident occurred:

Schenectady



Was 911 or local emergency number called?

Yes

Time of Call:

04:00 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

How long before incident was the child last seen by caretaker? 3 Hours

At time of incident was supervisor impaired? Not 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	1 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	61 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	60 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	36 Year(s)

LDSS Response

SCDSS began their investigation upon receipt of the SCR report on 5/6/21. They adhered to approved protocols for a joint investigation with law enforcement and they interviewed the mother, father, and maternal grandparents. SCDSS spoke to the source of the report, law enforcement, the medical examiner's office, the DA's office, and the pediatrician.

During interviews with the mother she reported that the child was healthy, with no medical complication or anomalies. Both the mother and father acknowledged an awareness of safe sleep guidelines and reported always placing the child to sleep on his back. Both parents reported the child always slept in his bassinet. Though the mother and father did not reside together, the subject child had access to a safe sleep environment in both households.

The mother stated that on 5/5/21, the subject child was acting normal. The mother was working on getting the subject child and sibling in a bedtime routine and began the process at approximately 7:00PM. The mother put the children to sleep in their respective beds and turned the music in the bedroom down. Between 12:00 and 1:00 AM, the mother fed the subject child and placed him to sleep in his bassinet. The mother woke around 4:00AM to use the bathroom and attempted to



change the subject child’s diaper. She noted the child was not moving as she changed the diaper. She turned on the bedroom lights and found the child was not breathing and appeared unresponsive. The mother woke the grandfather and step-grandmother. The grandfather called 911 while the step-grandmother began CPR. First responders arrived and took over resuscitation efforts and transported the child to the hospital. The subject child presented to the hospital unresponsive and in cardiac arrest. The subject child was pronounced dead at the hospital.

SCDSS interviewed the maternal grandparents and the father. None of the adults had concerns for the care the mother provided to the subject child or sibling. All reported that safe sleep was always practiced, and the subject child appeared healthy in the days leading up to his death.

During the investigation, it was learned the mother and father had a history of domestic violence. SCDSS found no evidence of ongoing domestic violence and the parents reported an understanding of their DV history and adhering to strict boundaries during drop-offs and visitation.

SCDSS determined and closed their investigation. Community-based services were offered to the family but it was unknown if they were engaged in services at the time of case closure.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: SCDSS adhered to previously approved protocols for joint investigations by coordinating with law enforcement and notifying the DA's office of the death.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There is no OCFS approved Child Fatality Review Team in Schenectady County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058237 - Deceased Child, Male, 1 Mons	058238 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
058237 - Deceased Child, Male, 1 Mons	058238 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
058237 - Deceased Child, Male, 1 Mons	058240 - Grandparent, Female, 61 Year(s)	DOA / Fatality	Unsubstantiated
058237 - Deceased Child, Male, 1 Mons	058240 - Grandparent, Female, 61 Year(s)	Inadequate Guardianship	Unsubstantiated
058237 - Deceased Child, Male, 1 Mons	058241 - Grandparent, Male, 60 Year(s)	DOA / Fatality	Unsubstantiated
058237 - Deceased Child, Male, 1 Mons	058241 - Grandparent, Male, 60 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Additional information:

Relevant collateral sources were interviewed.

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: SCDSS offered community-based services to the family related to grief and mental health counseling. The family was receptive to 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"/>
Explain as necessary: There was no removal of the siblings.				

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The parents were offered community-based grief and mental health counseling referrals. Burial assistance was discussed but it was determined the parents exceeded the income level to qualify. At the time of this writing, the parents were utilizing family and community support.

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? No

Explain:
 There were no service needs identified for the sibling due to her age.

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

Explain:
 Community-based grief and mental health counseling referrals were provided to the parents and grandparents following the death.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Had heavy alcohol use



- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- 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)
11/25/2020	Sibling, Female, 7 Months	Father, Male, 35 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 7 Months	Father, Male, 35 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

Albany County Department for Children, Youth and Families (ACDCYF) received an SCR report alleging the father caused a bruise on the sibling's face. The father did not have an explanation for the bruise.

Report Determination: Unfounded

Date of Determination: 02/16/2021

Basis for Determination:

ACDCYF determined there was no credible evidence to support the allegations. The father denied causing injuries to the child and both parents reported they were in the middle of a custody battle. The sibling was observed to be free of suspicious marks/bruises.

OCFS Review Results:

ACDCYF observed the sibling to be free of marks/bruises and the father denied causing any injuries to the child. Concerns of physical domestic violence arose with both parents claiming to be the victim; one incident resulted in the arrest of the mother for physically assaulting the father. The record did not reflect LE was spoken to regarding those concerns. Services related to the ongoing domestic violence were not offered to the mother.

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

Issue:

Failure to Offer Appropriate Services

Summary:

ACDCYF learned the mother and father had a history of domestic violence including an arrest of the mother related to an incident of physical domestic violence; however, DV services were offered to the father only. On two occasions, the mother disclosed being a victim of physical domestic violence and the record did not reflect services were offered to her.

Legal Reference:

SSL §424(10);18 NYCRR 432.3(p)

Action:

When service needs are identified, ACDCYF will make the appropriate referral to Preventive Services in an effort to determine whether there are services that can benefit the family.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

ACDCYF learned the parents resided in Washington prior to moving to NY. New information and evidence became apparent during the open case regarding the domestic violence between the mother and father. It was alleged the mother had been arrested for assaulting the father while the sibling was present. Additionally, the mother reported the father had



been violent with her in the past. The domestic violence was not fully explored in the investigation as ACDCYF did not contact pertinent collaterals to gather information about the extent of the domestic violence or the impact of the domestic violence on the sibling. ACDCYF did not contact Washington State for LE or CPS records despite the mother reporting an extensive history of domestic violence, including physical violence in the presence of the sibling. The father reported he had an OOP against the mother and showed pictures of his face after she assaulted him. ACDCYF did not request LE records from NY nor from Washington, though the record did not reflect where the domestic violence or law enforcement involvement occurred. The record did not reflect which state the OOP was issued in.

Legal Reference:

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

Action:

ACDCYF will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

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

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