Child Fatality Report

Report Identification Number: AL-25-020

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

Issue Date: Nov 03, 2025

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 had an open investigation or a CPS monitored services 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 Grandmother	MGF-Maternal Grandfather	FF-Foster Father
PGM-Paternal Grandmother	PGF-Paternal Grandfather	DCP-Day Care Provider
MGGM-Maternal Great Grandmother	MGGF-Maternal Great Grandfather	PGGF-Paternal Great Grandfather
PGGM-Paternal Great Grandmother	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-Caseworker	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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		

Case Information

Report Type: Child Deceased
Age: 4 month(s)
Jurisdiction: Rensselaer
Gender: Male
Date of Death: 05/28/2025
Initial Date OCFS Notified: 05/29/2025

Presenting Information

An SCR report was received that alleged on 5/27/25, the 4-month-old subject child was put to sleep in his car seat. The subject child was last seen alive around 6:00AM on 5/28/25, when the 13-year-old surviving sibling rocked the subject child in the car seat while the father was getting ready for work. The father left for work at 6:30AM. Around 9:00AM, the 13-year-old sibling got the mother when she noticed the subject child's lips were pale and white, and blood was coming from his nose. Law enforcement and emergency medical services responded to the home and transported the subject child to the hospital. The subject child was an otherwise healthy child, and the parents did not have an explanation for his death.

Executive Summary

This report concerns the death of a 4-month-old male child that occurred on 5/28/25. Rensselaer County Department of Social Services (RCDSS) received an SCR report regarding the fatality on 5/29/25. The report contained allegations of DOA/Fatality, and Inadequate Guardianship against the subject mother. Allegations of DOA/Fatality and Inadequate Guardianship were added against the subject father. The allegations of Lack of Supervision and Inadequate Guardianship were added against the subject mother and subject father regarding the surviving siblings. In addition, the allegation of Educational Neglect was added against the subject mother regarding the 13 and 11-year-old surviving siblings and Lack of Medical Care regarding only the 13-year-old sibling.

At the time of his death, the subject child resided with his mother, and surviving siblings, ages 13, 11, 5 and 2 years old. The subject father resided locally and often stayed at the subject child's residence. The biological father of the 13, 11, and 5-year-old siblings whereabouts remained unknown. There were two other siblings ages 6 and 4 who resided with their mother (other adult, OA). RCDSS immediately initiated their investigation and determined all the surviving siblings to be safe in the care of their parents.

Through a joint investigation with law enforcement, it was learned on 5/28/25 around 9:00AM, the subject child was found unresponsive in his car seat by the 13-year-old surviving sibling. The 13-year-old sibling immediately woke the subject mother and told her to contact 911. The mother contacted 911 and emergency medical services and law enforcement responded to the home. Upon arrival, the subject child was found to have no pulse, was cold to touch, and signs of death were apparent. The subject child was pronounced deceased on 5/28/25 at 9:33AM.

RCDSS communicated with the medical examiner's office and learned the subject child had an autopsy on 5/29/25. There were no signs of trauma, and it was reported that there was nothing "anatomically wrong" with the subject child. The external exam also showed the subject child had car seat "clip impressions" located on his back. The medical examiner reported the impressions were consistent with the 13-year-old sibling's explanation. RCDSS learned the subject child's cause of death was sudden unexplained infant death (with extrinsic factor) and the manner of death was undetermined.

RCDSS communicated with law enforcement and the district attorney's office, and learned the criminal investigation was still open; however, criminal charges were not anticipated against the parents.

RCDSS substantiated the above referenced allegations against the subject mother and father regarding the subject child

and surviving siblings. The parents regularly failed to follow safe sleep practices and often relied on the 13-year-old sibling to provide care and supervise the subject child. The parents were aware that the 13-year-old sibling would share a sleep surface and place the subject child in the car seat for extended periods of time. The parents were responsible for providing a safe sleeping environment and failed to do so. RCDSS added the allegation of DOA/Fatality against the father; however, DOA/Fatality is only to be added at SCR intake. The 24-Hour and 30-Day Fatality Reports were completed timely and were thorough. Safety Assessments were completed timely and with accuracy. The Risk Assessment Profile was consistent with case circumstances. RCDSS gathered information from collateral contacts such as law enforcement, the district attorney's office, EMS, mental health providers, the school district, district agency staff and the family. Required notifications were provided to the parents and progress notes were entered contemporaneously. Burial assistance and grief counseling services were discussed with the family.

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:
RCDSS appropriately substantiated the allegations against the subject mother and subject father based on information gathered throughout the investigation.

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

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

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

Explain:
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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/28/2025 **Time of Death:** 09:33 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: 08:55 AM
Did EMS respond to the scene? Yes
At time of incident leading to death, had child used and/or ingested alcohol or drugs? No
Child's activity at time of incident:

☒ Sleeping ☐ Working ☐ Driving / Vehicle occupant
☐ Playing ☐ Eating ☐ Unknown
☐ 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	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	13 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)

Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Other Household 1	Other Adult - Biological father of the 13, 11 and 5yo SSs	No Role	Male	31 Year(s)
Other Household 2	Father	Alleged Perpetrator	Male	31 Year(s)

LDSS Response

On 5/29/25, RCDSS received an SCR report regarding the death of the subject child which occurred on 5/28/25. RCDSS initiated their investigation within 24 hours, notified the district attorney, and coordinated their efforts with law enforcement. RCDSS contacted the source of the report and completed a CPS history check.

RCDSS completed an interview with the subject mother at the home. During her interview, she explained the day prior to the fatality was “uneventful” and that she, the subject child and siblings stayed at the residence for the entire day. The subject father arrived at the residence between 4:30-5:00PM and the family had dinner. Around 9:30PM, the subject mother and subject father went into their bedroom with the subject child, where he was fed a bottle. Around 10:00-10:30PM, the 13-year-old surviving sibling went into the parents’ bedroom and took the subject child back to her bedroom. At an unknown time, the mother checked on the 13-year-old sibling and subject child and observed the sibling and subject child sleeping in the same bed together. The mother left the sibling and subject child as they were and returned to her bedroom. At an unknown time, the mother again checked on the 13-year-old and subject child and observed the subject child in his car seat that was located on the sibling’s bedroom floor. The mother again left the subject child and sibling where they were and went back to her bedroom. The mother noted at an unknown time, the subject child was moved from the bedroom to the living room where the 11-year-old sibling slept and the child was still in his car seat. The father woke early for work and around 6:00-6:30AM the subject father left the residence. The 13-year-old surviving sibling woke the mother and told her to call 911, the mother called at 8:55AM. The subject mother observed the subject child to be in the living room in his car seat, he had “foam and blood” coming from his nose and he was cold.

RCDSS completed an interview with the subject father. During his interview, he explained that he arrived at the home around 5:00-6:00PM and the subject mother was making dinner. The subject father reported he stayed for the entire evening and he, the mother, subject child, and 2-year-old surviving sibling stayed in the parents’ bedroom. The subject father recalled at an unknown time, the 13-year-old surviving sibling went into the bedroom and took the subject child and the father then went to sleep. The subject father left for work early and did not check on the subject child prior to leaving. The father received a phone call from the mother that the subject child was deceased.

The surviving siblings were forensically interviewed at their local child advocacy center. Interviews revealed that the 13-year-old surviving sibling was often utilized by the parents to care for the subject child. The 13-year-old sibling disclosed that she regularly shared a sleep surface with the subject child, and that she would place the subject child in his car seat to sleep for extended periods of time. It was learned that the parents also shared sleep surfaces with the subject child and used the car seat while the subject child slept. There were no additional safety concerns from the children regarding their care.

The record reflected RCDSS would be filing an Article 10 neglect petition due to concerns for not engaging the children in mental health services and educational neglect. The investigation was closed on 9/9/25 and a Family Services Stage was opened and the family continued to be monitored.

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: 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: Rensselaer County referred this case to their OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
072460 - Deceased Child, Male, 4 Month(s)	072461 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
072460 - Deceased Child, Male, 4 Month(s)	072462 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
072460 - Deceased Child, Male, 4 Month(s)	072461 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated
072460 - Deceased Child, Male, 4 Month(s)	072462 - Father, Male, 31 Year(s)	Lack of Supervision	Substantiated
072460 - Deceased Child, Male, 4 Month(s)	072462 - Father, Male, 31 Year(s)	DOA / Fatality	Substantiated
072460 - Deceased Child, Male, 4 Month(s)	072461 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated
072463 - Sibling, Female, 13 Year(s)	072461 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
072463 - Sibling, Female, 13 Year(s)	072462 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
072463 - Sibling, Female, 13 Year(s)	072461 - Mother, Female, 32 Year(s)	Lack of Medical Care	Substantiated
072463 - Sibling, Female, 13 Year(s)	072461 - Mother, Female, 32 Year(s)	Educational Neglect	Substantiated
072463 - Sibling, Female, 13 Year(s)	072461 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated
072463 - Sibling, Female, 13 Year(s)	072462 - Father, Male, 31 Year(s)	Lack of Supervision	Substantiated
072464 - Sibling, Male, 11 Year(s)	072461 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated
072464 - Sibling, Male, 11 Year(s)	072461 - Mother, Female, 32 Year(s)	Educational Neglect	Substantiated

072464 - Sibling, Male, 11 Year(s)	072462 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
072464 - Sibling, Male, 11 Year(s)	072462 - Father, Male, 31 Year(s)	Lack of Supervision	Substantiated
072464 - Sibling, Male, 11 Year(s)	072461 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
072465 - Sibling, Female, 5 Year(s)	072461 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated
072465 - Sibling, Female, 5 Year(s)	072461 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
072465 - Sibling, Female, 5 Year(s)	072462 - Father, Male, 31 Year(s)	Lack of Supervision	Substantiated
072465 - Sibling, Female, 5 Year(s)	072462 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
072466 - Sibling, Male, 2 Year(s)	072462 - Father, Male, 31 Year(s)	Lack of Supervision	Substantiated
072466 - Sibling, Male, 2 Year(s)	072462 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
072466 - Sibling, Male, 2 Year(s)	072461 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated
072466 - Sibling, Male, 2 Year(s)	072461 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	☒	☐	☐	☐
When appropriate, children were interviewed?	☒	☐	☐	☐
Alleged subject(s) interviewed face-to-face?	☒	☐	☐	☐
All 'other persons named' interviewed face-to-face?	☒	☐	☐	☐
Contact with source?	☒	☐	☐	☐
All appropriate Collaterals contacted?	☒	☐	☐	☐
Was a death-scene investigation performed?	☒	☐	☐	☐
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)?	☒	☐	☐	☐
Coordination of investigation with law enforcement?	☒	☐	☐	☐
Was there timely entry of progress notes and other required documentation?	☒	☐	☐	☐

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	☒	☐	☐	☐
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?	☒	☐	☐	☐
At 7 days?	☒	☐	☐	☐
At 30 days?	☒	☐	☐	☐
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	☒	☐	☐	☐
Are there any safety issues that need to be referred back to the local district?	☐	☒	☐	☐

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?	☐	☐	☒	☐

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	☒	☐	☐	☐
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	☒	☐	☐	☐
Was there an adequate assessment of the family's need for services?	☒	☐	☐	☐
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?	☒	☐	☐	☐
Were appropriate/needed services offered in this case	☒	☐	☐	☐

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?	☐	☒	☐	☐

Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	☐	☒	☐	☐

Legal Activity Related to the Fatality

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

☒Family Court ☐Criminal Court ☐Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	**Fact Finding Description:**	**Disposition Description:**
	There was not a fact finding	There was not a disposition
Respondent:	Father Male 31 Year(s), Mother Female 32 Year(s)	
Comments:	RCDSS filed an Article 10 Neglect petition due to concerns for the parents' failure to engage the children in mental health services and educational neglect.	

Services at the Time of and/or in Response to the Fatality

Services	Received	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A
Bereavement counseling	☐	☒	☐	☐	☐	☐
Economic support	☐	☐	☐	☐	☐	☒
Funeral arrangements	☒	☐	☐	☐	☐	☐
Housing assistance	☐	☐	☐	☐	☐	☒
Mental health services	☐	☒	☐	☐	☐	☐
Foster care	☐	☐	☐	☐	☐	☒
Health care	☐	☐	☐	☐	☐	☒
Legal services	☐	☐	☐	☐	☐	☒
Family planning	☐	☐	☐	☐	☐	☒
Homemaking Services	☐	☐	☐	☐	☐	☒
Parenting Skills	☐	☐	☐	☐	☐	☒
Domestic Violence Services	☐	☐	☐	☐	☐	☒
Early Intervention	☐	☐	☐	☐	☐	☒
Alcohol/Substance abuse	☐	☐	☐	☐	☐	☒

Child Care	☐	☐	☐	☐	☐	☒
Intensive case management	☐	☐	☐	☐	☐	☒
Family or others as safety resources	☐	☐	☐	☐	☐	☒
Preventive Services	☒	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☒

Additional information, if necessary:
The family was offered grief counseling services; however, the parents refused said services. RCDSS filed an Article 10 Neglect petition, and the parents scheduled mental health appointments for the siblings.

Were services offered to and/or received by siblings or other children in the household at the time of and/or in response to the fatality? Yes
Explain:
Grief counseling services were offered to the children; however, the parents did not enroll the children during the investigation despite one of the surviving siblings requesting said services.

Were services offered to and/or received by parent(s) and other care givers at the time of and/or in response to the fatality? Yes
Explain:
Grief counseling services and burial assistance were offered to the parents. A Preventive Services Case was opened and the family continued to be monitored.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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
- ☐ Had a positive toxicology at the time of delivery
- ☐ Used marijuana
- ☐ Had heavy alcohol use
- ☐ Smoked tobacco
- ☐ Used illicit drugs
- ☐ Used prescription drugs
- ☒ Was not noted in the case record to have any of the issues listed

Infant was born:

- ☐ With a positive toxicology
- ☐ Exhibiting withdrawal symptoms
- ☐ With fetal alcohol effects or syndrome
- ☒ With none 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)
09/16/2024	Sibling, Male, 6 Years	Other Adult - Mother of the 6 and 4yo SSs, Female, 26 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 4 Years	Other Adult - Mother of the 6 and 4yo SSs, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Other Adult - Parent substitute (OA2), Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Other Adult - Parent substitute (OA2), Male, 32 Years	Inadequate Guardianship	Substantiated	

Report Summary:
An SCR report was received that alleged on 9/16/24, the OA2 (parent substitute) woke up and punched the OA in the stomach. The OA hit the OA2 in response and the OA, and the OA2 then physically assaulted each other. The OA2 pushed the OA into a window which broke and cut the OA on the back of her legs and arms. The then 4 and 3 year-old SSs were present during the incident.

Report Determination: Indicated | **Date of Determination:** 09/13/2024

Basis for Determination:
RCDSS substantiated the allegation of Inadequate Guardianship against the OA and OA2. The OA and OA2 both admitted to engaging in a physical altercation in the presence of the children. In addition, the 4-year-old SS confirmed the OA and OA2 became physical, and the incident escalated to where a window broke, and the OA was injured from the broken glass. Law enforcement records were obtained and confirmed the incident between the OA and OA2.

OCFS Review Results:
RCDSS immediately initiated their investigation, spoke to the source of the report and completed a CPS history review. Interviews and a home assessment were completed. Safety Assessments were completed timely and with accuracy. The Risk Assessment Profile was consistent with case circumstances. Required notifications were provided. RCDSS referred the OA to domestic violence services and the SSs for counseling services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/01/2023	Sibling, Male, 4 Years	Other Adult - Mother of the 4 and 2yo SSs, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 2 Years	Other Adult - Mother of the 4 and 2yo SSs, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:
An SCR report and duplicate report were received that alleged on 11/30/23 around 10:00PM, the OA expressed homicidal ideations toward the 4 and 2 year-old SSs, as well as suicidal ideations while being the sole caretaker to the children. The OA had a history of suicidal ideations. The SSs did not sustain any visible injuries as a result. The OA was not intoxicated at the time of the incident.

Report Determination: Unfounded | **Date of Determination:** 03/07/2024

Basis for Determination:
RCDSS unsubstantiated the allegation of IG against the OA regarding the 4 and 2yo SSs. The investigation revealed the OA had a history of mental health conditions. The OA contacted her mental health provider who then contacted 911 as the mother expressed suicidal ideations. The OA was transported to the hospital and planned for the children's care. The mother was discharged from the hospital within a few hours. RCDSS did not find a fair preponderance of evidence to support substantiating the allegation.

OCFS Review Results:
RCDSS worked in conjunction with Schenectady County Department of Social Services (SCDSS) who was initially primary on the investigation. SCDSS immediately initiated their investigation and spoke to the source of the report. A history review was not completed timely. The Risk Assessment Profile was consistent with case circumstances. Sufficient collaterals were contacted; interviews and home assessments were completed. The OA was working with numerous community agencies. The investigation was closed timely.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/26/2023	Sibling, Male, 4 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 2 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	

Report Summary:
An SCR report was received that alleged the SF had a propensity for violence and there was a stay away order of protection against him with regards to the OA and then 4 and 2-year-old SSs. On 7/25/23, the SF went to the family's home, kicked down the door and pulled a knife on the OA and a member of the community in the presence of the children. While the children were not harmed, outside intervention was required.

Report Determination: Indicated | **Date of Determination:** 08/15/2023

Basis for Determination:
RCDSS substantiated the allegation of IG against the SF regarding the then 4 and 2yo SSs. There was a stay away order of protection in place protecting the OA and the SSs. The SF went to the residence unannounced and engaged in a domestic incident with the OA while a service provider and the children were present. The service provider brought the children to a safe location after the incident turned physical. The SF threatened the OA with a knife and physically hit her. The SF was charged with Harassment in the Second Degree, Criminal Mischief, Assault with intent to cause serious harm with a weapon and Criminal Contempt.

OCFS Review Results:
RCDSS immediately initiated their investigation, spoke to the source of the report and completed a CPS history review. The SF was interviewed at a local correctional facility. The OA and 4-year-old SS were interviewed, and their home was assessed. Safety Assessments and the Risk Assessment Profile were completed timely and with accuracy. The OA was engaged with numerous community agencies. RCDSS contacted sufficient collaterals, and the OA was referred to domestic violence services. Required notices were provided.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)

12/08/2022	Sibling, Male, 4 Years	Other Adult - Mother of the 4 and 2yo SSs, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 2 Years	Other Adult - Mother of the 4 and 2yo SSs, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:
An SCR report was received that alleged concerns for the OA being mentally unstable. The OA did not have a mental health diagnosis, but her behaviors had been erratic. Recently the OA had made statements and threats of wanting to harm herself and the 4 and 2-year-old surviving siblings.

Report Determination: Unfounded | **Date of Determination:** 01/11/2023

Basis for Determination:
RCDSS unsubstantiated the allegation of Inadequate Guardianship against the OA regarding the surviving siblings as there was not a fair preponderance of evidence to substantiate the allegation. The investigation revealed the incident was previously investigated. The OA had made statements in the past; however, denied ever intending to act on those statements. The OA engaged in mental health services and was actively participating with community services.

OCFS Review Results:
RCDSS immediately initiated their investigation, spoke to the source of the report and completed a CPS history review. Interviews and a home assessment were completed. The Safety Assessment were completed timely and with accuracy. The Risk Assessment Profile was consistent with case circumstances. Required notices were provided and sufficient collaterals were contacted.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/15/2022	Sibling, Male, 4 Years	Other Adult - Mother of the 4 and 2yo SSs, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 2 Years	Other Adult - Mother of the 4 and 2yo SSs, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:
An SCR report was received that alleged the 4-year-old SS had a developmental disorder and had multiple behaviors. The behaviors included running, screaming, kicking and biting. The 4-year-old sibling's behaviors were so out of control that the OA could not control his behaviors. As a result of the behaviors, the OA was experiencing stress and thoughts of self-harm while she was the sole caretaker of the surviving siblings.

Report Determination: Unfounded | **Date of Determination:** 11/18/2022

Basis for Determination:
RCDSS unsubstantiated the allegations of Inadequate Guardianship against the OA regarding the 4 and 2-year-old SSs. The OA followed through with and obtained an evaluation for the 4-year-old SS regarding his behaviors. The OA was overwhelmed and had made suicidal statements without a plan. The OA attended a mental health evaluation and was recommended outpatient treatment which she had scheduled follow up appointments. The children were up-to-date medically.

OCFS Review Results:
RCDSS immediately initiated their investigation spoke to the source of the report and completed a CPS history review. Interviews and a home assessment were completed. Safety Assessments were completed timely and with accuracy. The

Risk Assessment Profile was consistent with case circumstances. Required notifications were provided. The OA was working with several community agencies, and she was referred to mental health services.

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

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

9/19/13-12/20/13 The allegations of IG and LMC were substantiated against the SM regarding the now 13yo SSs.

12/20/13-2/19-14 The allegations of IG and LMC were substantiated against the SM regarding the now 13yo SS.

1/29/15-6/17/15 The allegation of IF/C/S LS, PD/AM were unsubstantiated against the SM regarding the now 13 and 11yo SSs.

1/3/16-3/2/16 The allegation of LS was unsubstantiated against the SM regarding the now 13 and 11yo SSs.

4/4/19-6/28/19 The allegation of IG was substantiated against the SM regarding the now 13 and 11yo SSs.

8/28/19-10/21/19 The allegation of IG was substantiated against the SF regarding the now 6yo SS.

11/20/19-01/12/20 The allegation of IG was unsubstantiated against the SF regarding the now 6yo SSs.

3/9/21-5/21/21 The allegations of EdN and LS were unsubstantiated against the SM regarding the now 13, 11, and 5yo SSs.

5/16/21-8/10/21 The allegation of IG was substantiated against the SF regarding the now 6 and 4yo SSs. Allegations of LS and L/B/W were unsubstantiated.

3/30/22-6/10/22 The allegation of IG was substantiated against the SF regarding the now 6 and 4yo SSs.

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