



Report Identification Number: AL-17-001

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

Issue Date: Jun 14, 2017

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	

Case Information



Report Type: Child Deceased
Age: 9 month(s)

Jurisdiction: Albany
Gender: Female

Date of Death: 01/01/2017
Initial Date OCFS Notified: 01/01/2017

Presenting Information

On 01/01/2017 an SCR report was received by Albany County Department for Children, Youth and Families (ACDCYF) alleging that the BM and SF were the parents to the nine-month-old SC. SC lived with BM and had visitation with SF every weekend. The SC was in the SF's care at his residence for the weekend. The SF put the SC in the crib to sleep at around 9 PM 12/31/2016. At around 1 AM the SF checked on the SC who was resting peacefully. At 7 AM when SF checked the SC once again, SC was found unresponsive and rigor had set in. SC did not appear to have any visible injuries about her body, however some blood was noted on her nose and around her mouth. The SC died while in the SF's care. The SC was an otherwise healthy child, thus making her death suspicious. The SM had an unknown role.

Executive Summary

On 01/01/2017 ACDCYF received a report from the SCR with allegations of DOA/Fatality and IG against the SF regarding the 9-month-old SC. Through interviews conducted by LE and ACDCYF it was learned that the SC resided with the BM and visited the SF on weekends. The BM had no concerns for the SF's care of the SC. The BM had four additional children that are not the SF's children and were in BM's care the night of the incident. The four SS were assessed to be safe in the BM's care. The SF had no additional children. The SC was diagnosed with a medical condition that affected her trachea and caused her to snore most of the time. The SC started having cold symptoms on 12/28/2016 or 12/29/2016 and the BM gave her over-the-counter infant fever reducer and saline nasal spray. The SC was feeling better when the SF picked her up on 12/30/2016 around 4:30 PM for his weekend visitation. The BM stated that she was texting with the SF on 12/31/2016 between 9 and 10 PM and the SF told her the SC was playing and watching TV.

The SF stated that he fed the SC around 8:00 PM then laid down on the couch with the SC and watched a movie. The SC fell asleep on the couch. The SF put vaporub on her chest and then moved the SC to the pack n play, setting her down on her back on top of a blanket. She was asleep when the SF left the home around 12:40 AM, leaving the SC unsupervised. The SF picked up a friend and went to a club. He had one alcoholic beverage and then returned home around 1:40 AM. He heard the SC moving and whining so he gave her a pacifier and rubbed her chest. The SF reported he had a sip of alcohol then fell asleep on the futon in the living room. He woke up around 7:00 AM and saw the SC on her back, with her arms straight down to her side. She had a lot of blood and mucus above her upper lip and she was unresponsive. He brought her over to the futon and tried to blow into her mouth but he did not know CPR. The SF called 911 and waited for EMS to arrive. The SC was pronounced deceased at the home.

An autopsy was performed and the preliminary report was inconclusive. The BM's four additional children were all assessed to be safe in her care. ACDCYF provided the BM and SF with grieving packets as well as information on grieving and counseling services. The BM was participating in a bereavement support group at the time the case was closed. No criminal charges had been filed and the LE investigation was ongoing awaiting the results of the final autopsy report. ACDCYF made multiple attempts to contact professional and family collaterals without success. The report had yet to be determined at the time this report was written.

OCFS review of this fatality investigation resulted in a citation regarding adequacy of documentation of safety



assessments. In response, ACDCYF will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the Regional Office has taken, or will take, to address the cited issue. For citations where a PIP is currently implemented, LDSS will review the plan and revise as needed to further address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

ACDCYF identified safety factors being present and a safety plan was implemented for the SS, although the safety factors identified were in relation to the SC. No safety factors were identified for the SS so the safety decision should have been 1 with no safety plan necessary. The case remained open at the time of the writing of this report.

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

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

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

Explain:
The case contained documentation of supervisory consultation. The case remained open at the time of the writing of this report.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Documentation of Safety Assessments
Summary:	The 24 hour, 7 day and 30 day safety assessments inaccurately reflected safety factors for the SC and were not completed in regard to the SS.
Legal Reference:	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
Action:	ACDCYF will complete safety assessments for any surviving children residing in the home and for all surviving siblings.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/01/2017

Time of Death: Unknown

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

County where fatality incident occurred:

ALBANY

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to 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? 5 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

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At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	9 Month(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)



Deceased Child's Household	Sibling	No Role	Female	16 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	32 Year(s)

LDSS Response

On 01/01/2017 ACDCYF received a report from the SCR regarding the death of the 9-month-old SC. ACDCYF spoke to LE who interviewed the BM and SF. It was learned that the SF admitted he had been drinking and left the SC unsupervised for approximately an hour to go to a club. He checked on the SC in her pack n play when he returned home and reported she was fine. The SF fell asleep on the couch and when he woke up he found the SC unresponsive and called 911. EMS arrived and attempted to revive the SC but were unsuccessful. It was learned that the BM had four additional children and the SF had no other children. The BM was spoken to on the phone and reported the four SS were in her care and were safe with her at the MA's home, where she was staying temporarily. The SM was not willing to meet on this date.

On 01/02/2017 ACDCYF conducted a home visit at the MA's home and the BM was interviewed. Her interview was consistent with LE's report. The BM reported she and the SF had recently broken up and they agreed the SF would have visitation with the SC every Friday-Sunday. The BM reported the only child besides the SC that visited with the SF was the 7-year-old SS, as her BF was not involved, although the SC was the only child with the BF the night of the incident. The BM reported no concerns for the SF misusing drugs or alcohol or regarding supervision of either child. The four SS were observed and assessed to be safe in the SM's care. The home was observed to have appropriate sleeping arrangements for the SS.

ACDCYF conducted a home visit at the SF's home and interviewed him. His timeline of events was consistent with LE and the BM's interview. The SF shared that the SC often slept on his couch, but denied that she did the night of the incident. He reported that he "messed up" and decided since the SC was asleep and safe he would go out. The SF said that he was aware of safe sleep guidelines. He reported that he drank alcohol four nights per week and smoked marijuana daily, although denied he smoked marijuana the night of the incident. He admitted to leaving the SC home alone for 5 minutes one other time, about a month prior to the incident, when he drove to the store down the street while the SC was sleeping. The SF's home was observed to be a studio apartment with a couch, futon and pack n play in the living area. The home was observed to have no safety hazards and the appropriate supplies for the SC. He reported he and the SC spent time with his sister and nieces the day before the incident and provided their contact information to the caseworker.

On 01/03/2017 ACDCYF initiated a safety plan with the BM and SF that the SS would only be supervised with the SF due to the inconclusive preliminary autopsy findings. The SS were interviewed at the local child advocacy center on 01/04/2017. No concerns were expressed regarding the SF, although they were not asked many specific questions about the SF. The SM was provided with a SIDS grieving packet and information on bereavement services and MH services for herself and the SS. ACDCYF later mailed the bereavement and counseling information to the SF. When the BM returned to her home with the SS, her home was assessed to be safe as well. There were no concerns gathered regarding the care of the SC or SS and the SF was no longer having contact with the SS.

ACDCYF inaccurately reflected safety factors for the SC in the safety assessments and a safety plan was initiated, although they should have reflected no safety factors were identified for the SS. School records were reviewed for the SS. ACDCYF attempted to speak to the SC's ear, nose and throat doctor, first responders from the fire department, the SS for more information on SF and paternal family members and friends that were with the SF and SC the day of the incident, but were unsuccessful. The final autopsy report and the criminal investigation were still pending and the case had yet to be determined at the time of this report.

Official Manner and Cause of Death



Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Coroner

Multidisciplinary Investigation/Review

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

Comments: ACDCYF conducted the investigation jointly with LE.

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036281 - Deceased Child, Female, 9 Mons	037142 - Father, Male, 32 Year(s)	Inadequate Guardianship	Pending
036281 - Deceased Child, Female, 9 Mons	037142 - Father, Male, 32 Year(s)	DOA / Fatality	Pending

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



documentation?				
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Additional information:

ACDCYF made diligent efforts to speak to the first responders, pediatrician, the ear, nose and throat doctor and the paternal family members and SF's friend that were with the SF and SC the day prior to the incident. Their attempts were unsuccessful.

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 safety 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

The 24 hour safety assessment was approved the following business day on 01/03/2017. No safety factors were identified for the SS so the safety decision should have been 1 with no safety plan necessary. There was an adequate assessment of risk of harm to the SS and sufficient assessment of service needs for the family.

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	Needed but 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 ACDCYF provided the BM and SF with SIDS grieving packet, BM was given information on child and adult mental health counselors and local providers that provide grief counseling and support groups. BM began grief counseling, unknown if the SS began counseling. BM was offered DSS assistance, which she declined. SF was referred for alcohol/substance abuse services, unknown if he utilized this service.

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:
 ACDCYF provided the BM with information on children's mental health providers and community agencies that provide grief counseling and support services for children.

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

Explain:
 ACDCYF provided the BM with information on mental health providers and community agencies that provide grief counseling and support services for adults. BM and SF were also provided with a SIDS grieving packet.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** 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
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome



With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

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

Known CPS History Outside of NYS

There is no known CSP history outside of NYS.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

06/04/2005 a Preventive Services case was opened by ACDCYF as a "supervision to twenty one" case after BM was discharged from foster care following placement as a Person In Need of Supervision. The goal was to provide BM with independent living services until the age of twenty one. The then five-year-old SS was listed on the case and the BM also had the two-year-old SS and a newborn SS at the time of case closing on 03/03/2006. The BM was not cooperative with services and the case closed due to lack of participation by the BM.

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