



Report Identification Number: BU-15-032

Prepared by: Buffalo Regional Office

Issue Date: 6/1/2016

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
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Wyoming
Gender: Male

Date of Death: 09/21/2015
Initial Date OCFS Notified: 09/21/2015

Presenting Information

Two-year-old SC was pronounced dead at the hospital after both first responders and hospital staff had performed CPR for about an hour. SC was an otherwise healthy child. There is no plausible explanation for his death which makes it suspicious. At about 3:00 a.m. SM went to check on SC, and discovered that he had developed a fever of about 101 degrees. At that time, SM gave SC Tylenol and he went back to sleep. That morning SM checked on SC, and found that SC was not breathing, and called 911. The SC had no visible injuries. The parents failed to adequately clean the home on a regular basis, and the conditions of the home represent a health and safety hazard for SS's ages 5 and 1 years old. The home is cluttered, and one has to zigzag through most of the rooms due to debris and broken objects. There is a stench of urine throughout the home, and the family pets have been urinating on the carpets. The garbage is not regularly taken out of the home, and is smashed on the floor.

Executive Summary

This report concerns the death of a two-year-old male and his family. The family had no previous CPS history.

An SCR report with allegations of DOA/Fatality, IFCS and IG was received by WCDSS against subject parents (SP) with respect to SC and SS ages five and one-year-old on September 21, 2015. The SC was found unresponsive in his bed by the SM at 9:00 am. The SP started CPR and called 911. Police and EMS responded, CPR was continued and the SC was taken the hospital. At the ER, CPR was continued and other lifesaving attempts were made, but the child was pronounced dead at 10:15 am. The doctors could not identify any reason why this otherwise healthy child had died.

On the day of the death WCDSS completed a home visit with the police and observed the SS's and spoke with SM and MGM. The home was cluttered but safe for the family to reside. The SM stated that SC awoke at 3:00 am with a fever and gave him some Tylenol and he went back to sleep. The SM denied the SC having any medical problems. The previous day the SP went to a funeral and the MGM watched the children, MGM also denied the SC being ill. The SF stated that he did take medication for a medical condition and took 6 pills a day. The police stated that many pills were missing and SF stated he believed somebody stole the pills. The SP denied the use of alcohol. WCDSS did not discuss SF medication use and its effect on his ability to care for the children or the fact that pills were missing. The SF admitted to having a history of drug abuse.

The autopsy report stated cause and manner of death was undetermined. On November 20, 2015 WCDSS unsubstantiated the allegations of DOA/ Fatality, IFCS and IG against SP with respect to SC and SS's and closed the case due to lack of credible evidence. The police had investigated the death of SC and had not found any foul play; no arrests have been made. The condition of the home was adequate and not considered a safety hazard. CW did not observe any animal feces or urine throughout the home. The SP has been diligent with SS's health and has taken them to the doctors several times since SC's death as a precaution. At this time, there is not an explanation as to what caused SC's death.



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:

WCDSS appropriately determined the allegations on the SCR report.

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:

WCDSS appropriately determined the allegations on the SCR report. The CW should have offered the family services regarding SF's drug use.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	WCDSS did not contact any first responders. CW did not speak to any family members alone and if they had any concerns for SS's.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	WCDSS will make appropriate and relevant collateral contacts on all Child Protective Investigations. WCDSS must contact all first responders for all fatality reports.
Issue:	Overall Completeness and Adequacy of Investigation
Summary:	CW did not address SF's medication use and how it effects his ability to care for the children. The police and SF stated pills were missing and CW never looked into it. The CW did not offer the family services regarding his drug use.
Legal Reference:	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2



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Action: WCDSS must make sure that all child protective investigations thoroughly assess the circumstances and conditions surrounding all allegations and concerns that appear in all child protective investigations.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/21/2015

Time of Death: 10:15 AM

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

County where fatality incident occurred:

WYOMING

Was 911 or local emergency number called?

Yes

Time of Call:

09:00 AM

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

1

At time of incident supervisor was: Not

impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	11 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)



LDSS Response

The WCDSS completed a home visit with the police and saw all SS's who appeared safe. The SM stated that she and SF were at a funeral the day before and MGM watched the children. The MGM stated that SC appeared fine, ate and played. The MGM stated that SC did carry a pillow around and she wondered if he didn't feel well. The SM stated she put SC to bed at 9:00 pm and he woke up at 3:00 am. The SC had a fever of 100 degrees and she gave him some Tylenol and he went back to sleep. In the morning she got SS ready for school and fed the one-year-old a bottle. SM then went and checked on SC at 9:00 am. The SC was under a blanket, lying on his stomach with his head turned to the side. The mother could not wake him. The SC's lips were blue and he was not breathing. The SM carried the SC downstairs, the SF started CPR and the SM called 911. The SP denied any alcohol use. The SF is prescribed medication and took six pills a day. The case record did not contain documentation regarding how much medication SF was supposed to take and it's effect on his ability to supervise the children. The police did state that there were several pills missing out of the prescription. SF called CW and stated his pills were gone and he thought someone stole them. The SF admitted to having a past history with substance abuse. The family was not offered services regarding SF's drug use. The CW did refer the family to grief counseling.

WCDSS spoke with the police who stated there was nothing to suspect foul play or abuse and they were closing the case once the autopsy was received. The case record did not contain any police reports. The CW spoke with the SS's school and there were no concerns. The CW also spoke to the pediatrician and the children were up-to-date with immunizations and he had no concerns. The SS were also seen after the SC's death with no concerns noted. WCDSS did not attempt to contact any of the first responders.

The autopsy report stated cause and manner of death was undetermined. On November 20, 2015 WCDSS unsubstantiated the allegations of DOA/ Fatality, IFCS and IG against SP with respect to SC and SS's and closed the case due to lack of credible evidence. The police had investigated the death of SC and had not found any foul play; no arrests have been made. The condition of the home was adequate and not considered a safety hazard. Animal feces or urine throughout the home has not been a concern. The SP has been diligent with SS's health and has taken them to the doctors several times since SC's death as a precaution. At this time, there is not an explanation as to what caused SC's death.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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)?No

Comments: WCDSS worked closely with LE.

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

Comments: Wyoming County does not have an approved CFRT.



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SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027924 - Sibling, Female, 11 Month(s)	027926 - Father, Male, 34 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027924 - Sibling, Female, 11 Month(s)	027922 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027925 - Sibling, Male, 5 Year(s)	027926 - Father, Male, 34 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027925 - Sibling, Male, 5 Year(s)	027922 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027927 - Deceased Child, Male, 2 Year(s)	027926 - Father, Male, 34 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027927 - Deceased Child, Male, 2 Year(s)	027922 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027927 - Deceased Child, Male, 2 Year(s)	027922 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
027927 - Deceased Child, Male, 2 Year(s)	027926 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
027927 - Deceased Child, Male, 2 Year(s)	027926 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
027927 - Deceased Child, Male, 2 Year(s)	027922 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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



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observation and comments in case notes)?				
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 WCDSS did not complete a 7 day safety assessment.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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 type="checkbox"/>	<input checked="" 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: No Children were removed.				

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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:
 Although the father's drug use was identified as an issue in both the safety and risk assessments, no services were offered.

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? N/A

Explain:
 Family denied services.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 Subject child's father had a history of drug offenses resulting in incarceration. Law enforcement reported that several of his pain medication pills were missing and may have been misused.

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

CPS - Investigative History Three Years Prior to the Fatality

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

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



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No CPS history In New York State

Known CPS History Outside of NYS

No known CPS history outside of New York State

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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