



**Report Identification Number: BU-16-043**

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

**Issue Date: Mar 23, 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/<br>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<br>Service           | ACS-Administration for Children's<br>Services  | NYPD-New York City Police<br>Department |
| PPRS-Purchased Preventive<br>Rehabilitative Services | TANF-Temporary Assistance to Needy<br>Families | FC-Foster Care                          |
| MH-Mental Health                                     | ER-Emergency Room                              |   |

## Case Information



**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 12/10/2016  
**Initial Date OCFS Notified:** 12/14/2016

## Presenting Information

On December 14, 2016 the SCR received a report that stated on December 10, 2016 the SM was the sole caretaker of the 6-week-old SC. The SC was fussy and SM fed and changed SC, and then placed her on the arm of the recliner. SM did some things around the home and checked on SC approximately 30 minutes later. SM found the SC had rolled over and was deceased. SM then tried to take her own life by stabbing herself multiple times about the body. The BF returned home and found SM lying in the bath tub holding the deceased SC on her chest. The SM had been drinking alcohol earlier in the day and waived in the details given to the first responders. The SC had no known medical conditions.

## Executive Summary

On December 14, 2016 an SCR report was received regarding the death of the SC. The report was regarding events that took place on December 10, 2016. The SM was alone with the SC after 4:00 pm, because the BF was at a Christmas party for the evening. The SF and BM both report consuming beer during the day. The SM fed the SC, placed her in her swing, then took her out of the swing and held her. The SM initially reported she laid the SC down on a chair to sleep after feeding her and checking on her 30 minutes later to find her rolled over and unresponsive. The SM then performed CPR on the SC, but was unable to revive her. The SM then got a knife and took her baby into the bathtub where she ran a bath and proceeded to stab herself all over her body. The SM was in the bathtub for a few hours before the BF came home and found her and the SC. The BF then called 911 and the paramedics responded. Both the SM and SC were taken to the hospital. The SM was admitted and spent several weeks at the hospital. ECDSS discovered the SM had a history of suicidal ideations. Law enforcement was involved and interviewed both of the parents immediately. LE requested that ECDSS not speak with SM and BF until they were able to re-interview them, as they were fearful Child Protective Services would scare them and they would no longer cooperate. ECDSS was respectful of this request, and worked together with them. ECDSS did have telephone contact with the BF and observed the SM while she was hospitalized. Upon SM's release from the hospital, and law enforcement finishing their interviews, ECDSS interviewed the SM and BF in the home. The SM admitted she had previously lied about some of the events leading up to the fatality. The SM reported the truth was she had been holding the SC while sitting in a recliner and fallen asleep. When the SM awoke, she found the SC between her leg and the arm of the chair.

An autopsy was done and the results are still pending. No preliminary cause of death was offered, but the SC had no injuries and appeared well cared for. The ME speculated that a possible cause of death might have been positional asphyxiation, but it could not be said with certainty. At the time of this report, law enforcement had not filed any criminal charges, but the investigation was kept open to wait for SM's alcohol blood test results.

The SC had two SS. The SS were the children of the BF, and lived with their mother (the estranged wife of the BF). The SS were seen and assessed to be safe within 24-hours of the fatality. The mother of the SS was also interviewed. It was concluded that the SS had never met the SC or the SM and did not know they existed. The BF visited the children at their mother's home regularly. SM had no other children and there were no other children living in the home. The SM resided in Indiana with the SC, where she was employed. The SM and SC were visiting the BF in New York and planned to relocate when the SM found a job.



ECDSS appropriately substantiated the report as there was evidence the SM failed to exercise a minimum degree of care, placing the child in imminent danger, which subsequently led to her death. The SM had been drinking earlier in the day and fell asleep while holding the child.

ECDSS contacted all appropriate collaterals during the investigation. ECDSS spoke with all mental health and medical providers for the SM, the SC's pediatrician and first responders. The information received was well documented in the case notes.

ECDSS confirmed that the SM was receiving mental health services after the fatality and planned to continue treatment. ECDSS gave both the SM and BF referrals for grief counseling services. ECDSS also gave the BF a referral for alcohol evaluation and treatment services. After speaking with the SM's MH provider, it was discovered that the SM's alcohol use was previously discussed and no further referrals were necessary.

## 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?** 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?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

**Was the decision to close the case appropriate?** Yes

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

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

### Explain:

The casework was done at an appropriate level and the case closing was appropriate.

## 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:** 12/10/2016

**Time of Death:** Unknown

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

**County where fatality incident occurred:**

ERIE

**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

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

1

**At time of incident supervisor was:** Unknown if they were 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      | Female | 1 Month(s) |
| Deceased Child's Household | Father         | No Role             | Male   | 37 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 35 Year(s) |
| Other Household 1          | Sibling        | No Role             | Female | 3 Year(s)  |
| Other Household 1          | Sibling        | No Role             | Female | 8 Month(s) |

### LDSS Response

ECDSS received the SCR report of the fatality on December 14, 2016. The fatality occurred on December 10, 2016. The allegations were IG, LS and DOA/Fatality against SM regarding SC. It was initially reported that the SM placed the SC on the arm of a reclining chair to sleep, and when she returned 30 minutes later the SC had fallen off the chair and was not breathing. The SM became distraught when she found the SC had died and tried to commit suicide by cutting herself several times with a knife. The case record showed the BF found the SM lying in the bathtub bleeding profusely, while holding the deceased child. The BF then called for immediate medical assistance. The BF was not home at the time of the SC's death. The BF had gone to a holiday party from approximately 4:30 pm until 10:00 pm, leaving the SC and SM home.



ECDSS found both the BF and SM had been drinking alcohol the day the SC died, but it was unknown if they were impaired. ECDSS questioned both the BF and SM about their alcohol use and they both admitted use, but denied intoxication while caring for the SC. The SM reported she stopped drinking before the BF left the home to go to the party.

ECDSS began the investigation by contacting the source immediately. ECDSS then contacted the Amherst Police Department, the District Attorney and the ME. ECDSS quickly confirmed the SM was hospitalized and there were no SS in the home. It was confirmed that the ME did an autopsy, and the results were requested by ECDSS. ECDSS did confirm that before the fatality the SC was a healthy child. ECDSS confirmed the BF had two other children living with their mother in another household, and assessed the safety of these children within 24 hours. The mother of the SS reported the SS had no knowledge of the SC or SM. She reported the BF sees the SS regularly at her home.

The police requested that ECDSS wait to interview the BF and SM until after LE had spoken with them. ECDSS was respectful of this request and were eventually able to interview both the BF and SM in their home. The SM admitted she had initially lied about how she found he SC. The SM reported she had accidentally fallen asleep on a reclining chair while holding the SC. ECDSS documented the SM further reported that she woke up an hour later and found the SC unresponsive, wedged in between her leg and the arm of the chair. The SM was residing in another state, where she gave birth to the SC. ECDSS found the SM was visiting the BF and getting things set up in his apartment, in anticipation of relocating to New York to be with him. ECDSS documented there was a crib in the BF's home and this is where the SC normally slept. ECDSS did not document any discussion of safe sleep with the SM or BF, but there were no SS in the home. The SM told ECDSS she had a history of suicide attempts and had been in therapy. ECDSS spoke with all first responders, the pediatrician for the SC, and SM's current mental health provider. All safety assessments were completed in a timely manner, as was the risk assessment profile. All appropriate information was gathered to make the determination.

### Official Manner and Cause of Death

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

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes  
**Comments:** ECDSS worked with the Amherst Police Department and Medical Examiner during this investigation.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No  
**Comments:** Erie County does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

| Alleged Victim(s)                       | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 034904 - Deceased Child, Female, 1 Mons | 034905 - Mother, Female, 35 Year(s) | Inadequate Guardianship | Substantiated      |
| 034904 - Deceased Child, Female, 1 Mons | 034905 - Mother, Female, 35 Year(s) | Lack of Supervision     | Substantiated      |



|  |  |                |               |
|--|--|----------------|---------------|
| 034904 - Deceased Child, Female, 1<br>Mons | 034905 - Mother, Female, 35<br>Year(s) | DOA / Fatality | Substantiated |
|--|--|----------------|---------------|

**CPS Fatality Casework/Investigative Activities**

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| All children observed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Fatality Safety Assessment Activities**

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



|                                    |  |  |  |  |
|------------------------------------|--|--|--|--|
| 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?  | <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"/> |

**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"/> |
| Economic support       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



|                                      |                                     |                          |                                     |                          |                          |                                     |                          |
|--------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Mental health services               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Foster care                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse              | <input type="checkbox"/>            | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No**

**Explain:**

There were two SS in another household (living with their BM). The SS had no knowledge that the SC existed and had never met the SC or the SM.

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

**Explain:**

ECDSS provided both the BF and SM referrals for grief counseling and mental health services.

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

### 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 in New York State.

### Known CPS History Outside of NYS

The BF has no known history outside of New York State, and the SM has no other children. ECDSS did check with child abuse registries in two other states (Kentucky and Indiana) where the SM lived to verify she has no history.

### 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.

### 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