



Report Identification Number: SV-17-020

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

Issue Date: Nov 29, 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 | PS-Parent Sub |
| CH/CHN-Child/Children | OA-Other Adult | |
| Contacts | | |
| LE-Law Enforcement | CW-Case Worker | CP-Case Planner |
| Dr.-Doctor | ME-Medical Examiner | EMS-Emergency Medical Services |
| DC-Day Care | FD-Fire Department | BM-Biological Mother |
| CPS-Child Protective Services | | |
| Allegations | | |
| FX-Fractures | II-Internal Injuries | L/B/W-Lacerations/Bruises/Welts |
| S/D/S-Swelling/Dislocation/Sprains | C/T/S-Choking/Twisting/Shaking | B/S-Burns/Scalding |
| P/Nx-Poisoning/ Noxious Substance | XCP-Excessive Corporal Punishment | PD/AM-Parent's Drug Alcohol Misuse |
| CD/A-Child's Drug/Alcohol Use | LMC-Lack of Medical Care | EdN-Educational Neglect |
| EN-Emotional Neglect | SA-Sexual Abuse | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter | IG-Inadequate Guardianship | LS-Lack of Supervision |
| Ab-Abandonment | OTH/COI-Other | |
| Miscellaneous | | |
| IND-Indicated | UNF-Unfounded | SO-Sexual Offender |
| Sub-Substantiated | Unsub-Unsubstantiated | DV-Domestic Violence |
| LDSS-Local Department of Social Service | ACS-Administration for Children's Services | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | COS-Court Ordered Services |
| OP-Order of Protection | RAP-Risk Assessment Profile | FASP-Family Assessment Plan |
| FAR-Family Assessment Response | Hx-History | Tx-Treatment |
| CAC-Child Advocacy Center | PIP-Program Improvement Plan | yo- year(s) old |
| CPR-Cardiopulmonary Resuscitation | | |



Case Information

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

Jurisdiction: Sullivan
Gender: Male

Date of Death: 06/20/2017
Initial Date OCFS Notified: 06/20/2017

Presenting Information

On 6/20/17 the Sullivan County Department of Family Services (SCDFS) received an SCR report regarding the death of the 2-year-old male SC. The report alleged on that date, the SM took a nap leaving the SC and SS, 8 months, unsupervised for an undetermined amount of time. The SC walked outside of the residence to their backyard above ground swimming pool. The pool had no fence, but there was a piece of plywood blocking the pool entrance. The SC got past the entrance and went into the pool. The MGGF found the SC floating on his back with foam coming out of his mouth. The SC was transported to the hospital where staff attempted to revive him. The SC was pronounced dead at 4:02 PM on 6/20/17, due to the drowning. There were no known injuries to the SS. The BF and MGGF had unknown roles.

Executive Summary

On 6/20/17 SCDFS received an SCR report regarding the death of the 2 yo SC. Through interviews conducted by SCDFS and LE it was learned that on 6/20/17 the SM brought the SF to work at 1:20 PM and then returned home. The SM placed the SS in her Pack n Play and SC in his bed for a nap in the bedroom that they shared. The SM then laid down in her bedroom and fell asleep. The SC awoke and walked out of the home through the unlocked back door while the SM and 8-month-old SS were still napping. The SC climbed up the stairs, over the piece of plywood that was blocking the stairs, and into the above ground swimming pool in the backyard. The MGGF was watching TV in the living room and did not hear the SC wake up or exit the home. The MGGF went into the backyard and saw the SC floating in the pool face up with foam coming out of his mouth. He pulled the SC out of the pool, laid the SC on a chair on the back porch, and woke up the SM. The MGGF called 911 and the SM attempted to do CPR. A neighbor, who heard the SM screaming, came over and performed CPR until LE and EMS arrived. The SC was transported via ambulance to the hospital where attempts were made to revive him. The SC was pronounced deceased by the ER physician at 4:02 PM.

An autopsy was performed and it was determined that the cause of death was drowning and the manner was accidental. LE concluded their investigation and no arrests were made.

SCDFS assessed the safety of the SS. The home was assessed and the pool had no fence or safety gate. The family decided to drain the pool and take it down. The SM had a third child, 8 yo SS, that lived in North Carolina (NC) with her BF and was at the home visiting due to the fatality. The 8 yo SS was seen and assessed to be safe. The SM, SF, SC and SS were from NC and moved in with the MGGF 2 months prior to the incident. After the incident, there were concerns for the SM's MH stability and SCDFS referred the SM for a MH evaluation. The SM declined, although she did attend an appointment with a psychiatrist. SCDFS referred the family for bereavement counseling services and Preventive Services. The parents declined, stating they would continue attending counseling with their pastor at their church.

SCDFS made the necessary collaterals contacts, including LE, the Coroner, the pediatrician, SM's psychiatrist, SM's doctor, NC CPS, Early Intervention, friends and family members. SCDFS Sub the allegations of LS and DOA/Fatality against the SM and SF, as there was credible evidence gathered to support these allegations. The SM and SF admitted that the SC had, on numerous occasions, walked out of the home without their knowledge. They were planning to install child safety locks high on the doors to keep the SC from walking out without their knowledge, although they had not done this. They reported when they lived in NC, the SC "slipped out of the house" unnoticed on numerous occasions and they referred to him as an "escape artist". They had to install special locks and chains on the doors to keep it locked from the inside to keep the SC from escaping. The pool in the backyard did not have a fence or gate around it to prevent the SC



from entering the pool. There was only a piece of plywood slid between the railing of the steps that led to the pool, that the SC climbed over, and fell into the pool. The allegation of LS against SM regarding the SS was Unsub as it was found that the SS was adequately supervised and well cared for.

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:

The decision to IND and close the investigation was appropriate.

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 decision to IND and close the investigation 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: 06/20/2017

Time of Death: 04:02



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

Unknown

County where fatality incident occurred:

Sullivan

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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 | Male | 2 Year(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 23 Year(s) |
| Deceased Child's Household | Grandparent | No Role | Male | 79 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 27 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Female | 8 Month(s) |

LDSS Response

Upon receipt of the report, SCDFS conducted a home visit and interviewed the SM, SF, MGGF and assessed the safety of the SS. It was learned that the family moved in with the MGGF from NC on 4/10/17, to assist with MGGF's care. The MGGF had health concerns and was not a caretaker for the CHN. The SC had a history of wandering outside while the family lived in NC and they had to install special locks and chains on the inside of the doors. According to the SM, SF and MGGF, since moving to NY, the SC was always getting out and they had to keep "scolding him" for it. They planned to install child safety locks high up on the inside of the doors, although they had not done it yet. There was no fence around the pool, only a piece of plywood that slid between the railing of the steps that led to the pool.

The SM stated that she worked overnight shifts and was tired. She and the CHN brought the SF to work at 1:20 PM and



then returned to the home. The SS was already sleeping so the SM placed her in the Pack n Play for a nap. The SM then undressed the SC and placed him in his bed, and he fell asleep. The SM laid on her bed in her bedroom and fell asleep. The MGGF woke her up and she ran to the back porch where she found the SC laying on a chair with foam coming out of his mouth. She tried to give him CPR, but when she pressed on his chest more foam came out. The SM stated that she had a history of MH concerns after giving birth to her CHN and had been on medication in the past. She was not receiving MH services and not on any medication at the time. She stated that she was having a difficult time dealing with the SC's death.

The SF stated that he was at work when he received a call from the SM telling him what happened. A co-worker drove him home and the SC was already in the ambulance when he arrived.

The MGGF stated that he was watching TV in living room and the SM and CHN were napping in the bedrooms. He stated that he didn't hear the SC get up and he believed that both CHN were still sleeping. He decided to take a walk in the backyard to the pool to check for animals that may have gotten into the pool. When he approached the stairs, the plywood board was across the stairway to block entry. He observed the SC facing up, floating in the water, wearing only a pullup diaper and foam was coming out of his mouth.

The 8 yo SS was visiting the home and her safety was assessed by SCDFS. The 8 yo SS resided in NC with her BF and was brought to NY by her MGPs for the funeral services after the SC died. SCDFS spoke to the MGPs and PGP as collaterals, all of which reside in NC, and had no concerns for either SS. SCDFS checked CPS history in NC and there were no IND reports regarding the family.

SCDFS referred the SM for a MH evaluation due to her current MH concerns and she declined. She attended an appointment with a psychiatrist and stated that she planned to continue to attend counseling appointments, although it was unknown if she followed through as she no longer cooperated with SCDFS. SCDFS referred the family to bereavement counseling and Preventive Services and the family declined. The SM and SF stated that they would continue to attend counseling from their pastor at church.

SCDFS conducted a thorough investigation and gathered the necessary documentation to Sub the allegations of LS and DOA/Fatality. The allegation of LS was Unsub against the SM regarding the SS as the SS was adequately supervised and well cared for. The case was closed and the family was referred to community based services.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Coroner

Multidisciplinary Investigation/Review

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

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

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

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--------------------------------------|-------------------------------------|---------------------|--------------------|
| 042341 - Deceased Child, Male, 2 Yrs | 042342 - Mother, Female, 27 Year(s) | Lack of Supervision | Substantiated |
| 042341 - Deceased Child, Male, 2 Yrs | 042344 - Father, Male, 23 Year(s) | DOA / Fatality | Substantiated |



Child Fatality Report

| | | | |
|--------------------------------------|-------------------------------------|---------------------|-----------------|
| 042341 - Deceased Child, Male, 2 Yrs | 042344 - Father, Male, 23 Year(s) | Lack of Supervision | Substantiated |
| 042341 - Deceased Child, Male, 2 Yrs | 042342 - Mother, Female, 27 Year(s) | DOA / Fatality | Substantiated |
| 042345 - Sibling, Female, 8 Month(s) | 042342 - Mother, Female, 27 Year(s) | Lack of Supervision | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input 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, 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|



| | | | | |
|---|--|--|--|--|
| harm, were the safety interventions, including parent/caretaker actions adequate? | | | | |
|---|--|--|--|--|

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain as necessary:
SCDFS appropriately identified there were no safety factors for the SS.

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



| | | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Mental health services | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input 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"/> |

Additional information, if necessary:
 SCDFS offered bereavement counseling services and Preventive Services and the family declined. SM was referred for a MH evaluation, which she declined. SM stated she began attending MH counseling, although it is unknown if she followed through and continued attending. SCDFS referred the SS for an Early Intervention evaluation.

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:
 The SS was 8 months old and no service needs were identified. Bereavement services were offered for the 8 yo SS and the SM declined.

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

Explain:
 SCDFS referred the SM for a MH evaluation and referred the family for bereavement counseling services and Preventive Services. The SM and SF declined these 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



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 was no CPS history in NYS more than 3 years prior to the fatality.

Known CPS History Outside of NYS

There were 2 UNF cases in North Carolina, dated 9/30/13 and 8/2/09, regarding the 8 yo SS, the 8 yo's BF and the SM.

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