



## Report Identification Number: SV-17-054

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

Issue Date: Apr 25, 2018

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

| <b>Relationships</b>                              |   |                                       |
|---|---|---------------------------------------|
| 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                              |                                       |
| <b>Contacts</b>                                   |   |                                       |
| 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                     |   |                                       |
| <b>Allegations</b>                                |   |                                       |
| 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                               |                                       |
| <b>Miscellaneous</b>                              |   |                                       |
| IND-Indicated                                     | UNF-Unfounded                               | SO-Sexual Offender                    |
| Sub-Substantiated                                 | Unsub-Unsubstantiated                       | DV-Domestic Violence                  |
| LDSS-Local Department of Social Service           | ACS-Administration for Children's Services  | NYPD-New York City Police Department  |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care                        |
| MH-Mental Health                                  | ER-Emergency Room                           | COS-Court Ordered Services            |
| OP-Order of Protection                            | RAP-Risk Assessment Profile                 | FASP-Family Assessment Plan           |
| FAR-Family Assessment Response                    | Hx-History                                  | Tx-Treatment                          |
| CAC-Child Advocacy Center                         | PIP-Program Improvement Plan                | yo- year(s) old                       |
| CPR-Cardiopulmonary Resuscitation                 |   |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 year(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 11/25/2017  
**Initial Date OCFS Notified:** 11/25/2017

## Presenting Information

An SCR report was received with concerns on 11/24/17, while in the care of the parent substitute and mother, the subject child became ill with vomiting and diarrhea. On the morning of 11/25/17, the parent substitute transported the child to the emergency room where she was pronounced deceased; she was an otherwise healthy child. The role of the 2-month-old surviving sibling was unknown.

## Executive Summary

This fatality report concerns the death of a 4-year-old female child (SC) that occurred on 11/25/17. A report was made to the SCR on this same date, with allegations of IG and DOA/Fatality against the child’s mother (SM) and the parent substitute (PS). The final autopsy report was not available for review at the time of this writing, and the cause and manner of death remained pending.

The child was born in another country in 2013 with a congenital medical condition, which required numerous corrective surgeries from 2013 to 2017. The child and her mother moved to the United States in 2016, and the child received regular medical care for her condition from a specialist in Suffolk County. There were no concerns noted by medical staff regarding the mother or parent substitute’s care of the child, or their follow-through with the child’s medical needs and recommendations. The child was last seen by her specialist nine days prior to her death, and was noted as doing well by the doctor.

At the time of the fatality, the child resided with her mother, parent substitute, and 2-month-old sister (SS). The mother reported the child’s biological father lived in their country of origin, but refused to provide SCDSS with his location or any contact information. The infant was observed on several occasions throughout the investigation and always deemed as safe.

It was discovered on the night of 11/24/17, the child had no appetite and had begun vomiting. The child also complained of extreme thirst. Throughout the night into the early morning hours of 11/25/17, the child continued to vomit and became increasingly ill. At approximately 5AM, it was decided the child needed emergency medical attention, and a family friend drove the parent substitute and the child to the nearby hospital. The child became unresponsive during the car ride and was rushed into the emergency room with the assistance of medical staff. Shortly thereafter, a hospital physician requested the mother come to the hospital immediately, and upon her arrival, she and the parent substitute were informed that the child had died. Her time of death was noted as 7:58AM.

From the time the investigation began to the time of its closure, SCDSS met with and interviewed the mother and parent substitute, a family member, spoke with many collateral sources, and assessed the home environment. The infant child was also observed several times throughout the investigation, and no concerns were noted regarding her safety. SCDSS offered the family funeral cost assistance, which they accepted. Bereavement counseling was also offered, but declined. Law enforcement did not file any charges against the mother or parent substitute regarding the death of the child. SCDSS completed a thorough and sufficient investigation into the child’s death and found no evidence to support the allegations in the report. The case was unfounded and closed.

## 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:

Casework activity was commensurate with the case circumstances. SCDSS gathered sufficient information to adequately assess the safety of the SS, as well as make a case determination.

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:

There were several detailed progress notes which documented case reviews with the caseworkers, supervisory staff, and other members of the MDT. The decision to close the case 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: 11/25/2017

Time of Death: 07:58 AM

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

Unknown



**County where fatality incident occurred:** Suffolk

**Was 911 or local emergency number called?** No

**Did EMS respond to the scene?** No

**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: In living room with parents, ill.

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 2

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

**Household Composition at time of Fatality**

| Household                  | Relationship     | Role                | Gender | Age        |
|----------------------------|------------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child   | Alleged Victim      | Female | 4 Year(s)  |
| Deceased Child's Household | Mother           | Alleged Perpetrator | Female | 21 Year(s) |
| Deceased Child's Household | Mother's Partner | Alleged Perpetrator | Male   | 40 Year(s) |
| Deceased Child's Household | Sibling          | No Role             | Female | 2 Month(s) |

**LDSS Response**

On 11/25/17, SCDSS received a report regarding the death of SC. SCDSS initiated the investigation within 24 hours and coordinated efforts with LE. SCDSS completed a CPS history check regarding the family, and notified the ME and DA of the fatality. SCDSS noted the family had no prior CPS or LE involvement. SCDSS discovered the family primarily spoke another language, and utilized an interpreter throughout the investigation process.

SCDSS completed an initial home visit on 11/25/17 and met with SM, PS, and the SS. SCDSS observed the home to have no safety or health hazards. The SS was non-verbal, but was assessed to be free from any suspicious marks and bruises and appeared healthy. SCDSS provided the family with safe sleep education and observed a bassinet in which SS slept.

Through interviews, SCDSS discovered SC was born in another country with a congenital medical condition that impaired her intestinal function. A successful corrective surgery was performed 3 days after SC's birth. SM and SC resided in their country of origin until 2016, when they then moved to the United States to be with PS. SC began to receive medical care regarding her condition shortly after arriving, and had another surgery related to such on 2/26/17, and again on 7/18/17. SC had numerous visits with her specialist regarding her condition from November 2016 to November 2017. There were no reported complications due to SC's surgeries, and medical documentation received from SC's country of origin and SC's American doctor showed SM and PS attended all SC's scheduled medical appointments and followed through with all recommendations. SC's specialist saw her last on 11/15/17 for a routine check-up, and it was noted "child [was] doing well."



On 11/24/17, SM and PS reported SC appeared well when she woke up, and ate breakfast and lunch. By 8PM that night, SC began vomiting and had no appetite. SM and PS noticed SC also appeared “extremely thirsty.” SM and PS gave SC MiraLax, which was approved to be given as needed by SC’s doctor. The parents reported SC fell asleep shortly thereafter, but did wake up often complaining of thirst. The parents stated between 5AM and 6AM on 11/25/17, SC was still vomiting, so they brought her to the sofa to sit upright. By 6:30AM, PS went to the store to buy Pedialyte, and SC drank some when he returned. Soon after, SC began vomiting violently, and the parents decided she needed to go to the emergency room. PS contacted a family friend who came to the home and drove them to the hospital. PS reported SC was “in and out of consciousness” during the ride, and eventually became unresponsive. When they arrived at the hospital, medical staff rushed to tend to SC. PS stated a short time later, medical staff told him to have SM come to the hospital immediately. When SM arrived, they were informed by a doctor that SC had died.

Throughout the investigation, SCDSS contacted an array of collateral sources, including LE, the ME, hospital staff, medical providers (in both countries), and family members. SCDSS assessed the SS’s safety on numerous occasions and each time discussed the importance of safe sleep practices. Appropriate services were offered to the family in response to the fatality. At the time of this writing, the cause and manner of death were not yet determined; however, the ME reported to SCDSS there was “a good chance” SC died of sepsis due to a blockage caused by surgical scar tissue, as well as dehydration from vomiting. The ME found no signs of abuse or trauma to the SC, and there were no criminal charges filed by LE against SM or PS. SCDSS found no evidence to support the allegations received in the report, and therefore unfounded and closed the investigation.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**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)?** Yes

**Comments:** This fatality investigation was conducted by the Suffolk County Multidisciplinary Team.

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

**Comments:** This fatality was reviewed by the Suffolk County Child Fatality Review Team.

**SCR Fatality Report Summary**

| Alleged Victim(s)                      | Alleged Perpetrator(s)                      | Allegation(s)           | Allegation Outcome |
|--|---|-------------------------|--------------------|
| 045701 - Deceased Child, Female, 4 Yrs | 045703 - Mother's Partner, Male, 40 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 045701 - Deceased Child, Female, 4 Yrs | 045702 - Mother, Female, 21 Year(s)         | Inadequate Guardianship | Unsubstantiated    |
| 045701 - Deceased Child, Female, 4 Yrs | 045703 - Mother's Partner, Male, 40 Year(s) | Inadequate Guardianship | Unsubstantiated    |
| 045701 - Deceased Child, Female, 4 Yrs | 045702 - Mother, Female, 21 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 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 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> |

**Additional information:**

SCDSS contacted all appropriate collateral sources throughout the investigation. Progress notes and assessments were timely and adequate.

### 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 parent/caretaker actions adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

### Fatality Risk Assessment / Risk Assessment Profile



# Child Fatality Report

|   | 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:**

The SS did not need to removed as a result of this fatality or for reasons unrelated.

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



|   |                                     |                          |                          |                          |                          |                                     |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Family planning</b>                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Homemaking Services</b>                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Parenting Skills</b>                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Domestic Violence Services</b>           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Early Intervention</b>                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Child Care</b>                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Intensive case management</b>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                | <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:**  
 SCDSS assessed the family's need for services and offered referrals for bereavement counseling and funeral cost assistance. The family accepted assistance with funeral costs, but declined counseling. SCDSS also assisted SM with obtaining WIC benefits for the SS.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**  
 The parents were offered assistance with obtaining WIC for the SS. There were no other needs specified for this child.

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

**Explain:**  
 Funeral cost assistance was provided to the family. Bereavement counseling was offered, but declined, as the family had supports in the community through their church.

## 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? Yes

### CPS - Investigative History Three Years Prior to the Fatality

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

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



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

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**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