



Report Identification Number: SV-20-030

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

Issue Date: Dec 31, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Sullivan
Gender: Male

Date of Death: 07/14/2020
Initial Date OCFS Notified: 07/14/2020

Presenting Information

Sullivan County Department of Family Services (SCDFS) received an SCR report which alleged on 7/14/20, the 9-month-old male subject child was in the care of his father. At approximately 2:39PM, the father found the subject child deceased on a cot in the bedroom. The child was an otherwise healthy child and the father had no explanation for how the child died.

Executive Summary

On 7/14/20, SCDFS received an SCR report regarding the death of the 9-month-old subject child. At the time of his death, the child resided with his mother, father and 2yo sibling. The family had previously lived out of state and relocated to New York following the birth of the subject child.

SCDFS conducted a joint investigation with law enforcement and learned that on 7/13/20, at approximately 9:30PM, the mother wrapped the subject child tightly in 2 blankets and placed him to sleep on his side on a cot. The mother reported that she typically worked during the day and the father provided care for the children. On 7/14/20, the mother left for work at 7:00AM. She stated prior to leaving for work, the child was alive, but still asleep and in the same position she had put him in the night before. At approximately 1:00PM, the mother called the father to check in and he reported the subject child was still asleep. The mother asked the father to wake, feed and change the child. The father called the mother at 2:39PM and was distraught and expressed disbelief in what had happened and hung up. The mother called the father back, but was unable to reach him. The mother returned home at 2:51PM and found the subject child deceased. A neighbor called 911 and law enforcement and emergency medical services responded.

The coroner arrived at the residence at 3:30PM and declared the presumed time of death to be 3:07PM, which was the time of the call made to emergency medical services. An autopsy was completed and made available to SCDFS. The cause of death was undetermined circumstances due to sudden death of a 9-month-old infant found with unsafe sleeping conditions. It was determined the subject child was put to sleep on his side wrapped in two fleece blankets, with a bobby pillow on a cot. The temperature of the room was approximately 80 degrees.

SCDFS offered several supportive services for the family following the fatal incident. The mother and father were offered grief counseling, financial assistance and funeral arrangements. It was recommended that the father attend a mental health evaluation at the hospital due to his mental state following the fatality. The father had a mental health appointment scheduled at case closure. SCDFS requested the mother adhere to a safety plan of no unsupervised contact between the surviving sibling and father due to the concerns with the father's mental health, which the mother agreed to.

Law enforcement and the District Attorney had not found any criminality related to the death at the time the CPS investigation was closed. There was sufficient information gathered by way of collateral and casework contacts to substantiate the allegations against the father and mother. It was determined the mother was aware of the concerns with the father's mental health and allowed him to be the sole caretaker of the children despite that knowledge. The father and mother placed the child in an unsafe sleep environment which was noted in the manner of death in the autopsy. In addition, several hours went by without the father checking on the subject child. At case closure, the mother, father and sibling went to reside in another state to be near family. The CPS investigation was indicated and closed on 9/11/20.

PIP Requirement



This review resulted in a citation related to casework practice. In response, SCDFS will submit a PIP to the Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the SCDFS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, SCDFS will review the plan(s) and revise as needed.

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:

SCDFS gathered sufficient information through casework and collateral contacts to determine the allegations. There were concerns with the father being a sole caretaker for the sibling which was addressed with the mother prior to case closure.

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 family moved out of the state following the fatality to be with family. SCDFS made a phone call to that state's child abuse and maltreatment agency, which resulted in follow up with the family to assess for safety prior to case closure.

Required Actions Related to the Fatality

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

Issue:	Pre-Determination/Nature, Extent and Cause of Any Condition
Summary:	There was a loaded unsecured weapon discovered in the home and accessible to the sibling and it was not documented that this was discussed with the parents.



Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	In addition to conditions enumerated in a report, CPS is required to determine any other condition that may constitute abuse or maltreatment. SCDSS will address new concerns as they arise with all applicable caregivers, in an effort to determine whether the action(s)/inaction(s) constitute as abuse or maltreatment.
Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	The father was reported to have a warrant for his arrest from another state in regard to drug related criminal charges and this was not reflected in the RAP.
Legal Reference:	18 NYCRR 432.2(d)
Action:	SCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/14/2020

Time of Death: 03:07 PM (Approximate)

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:

03:07 PM

Did EMS respond to the scene?

Yes

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

N/A

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? No - but needed

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	9 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

LDSS Response

SCDFS received an SCR report on 7/14/20 regarding the death of the subject child. SCDFS initiated their investigation, contacted LE, notified the district attorney's office, spoke to the medical examiner, checked the CPS history and contacted the source of the report. SCDFS assessed for safety of the surviving sibling and determined a safety plan was necessary, which stated the father could not be the sole caretaker of the sibling. The mother agreed to this and signed a formal safety plan.

SCDFS obtained information regarding the death from conversations with the mother and interviews of the mother and father by law enforcement. It was learned that the night prior to the death, the subject child was put to sleep by the mother at 9:30PM. The mother reported the child was wrapped tightly in a blanket and placed on his side on a cot. When asked about the swaddle, the mother reported they did this because they did not have a crib and they did not want him get up and move around. The following morning, the mother left for work at approximately 7:00AM and the subject child was still asleep. The mother called the father at 1:00PM to check on the subject child. The father had reported the child was still asleep and the mother prompted the father to wake, change and feed the child. The mother reported she received a call from the father at 2:39PM and he stated to the mother that he could not believe what was happening and hung up. The mother and father made phone calls back and forth with no words exchanged. The mother returned home at 2:51PM and found the child deceased. The mother attempted to call 911 but was distraught and unable, so a neighbor assisted. The sibling was also in the care of the father when the fatality occurred.

During the interview with law enforcement, the father reported not being good with time and being uncertain when he last saw the subject child alive. He reported he went to make the child a bottle and check on him. The father found the child unresponsive, with something coming out of his nose. The father reported he shook the child but he did not respond and was already deceased. Further attempts to interview the father were unsuccessful. His mental health deteriorated following the fatality and he was unwilling to engage in further interviews by law enforcement and CPS.

Following the fatality, the family left the state to have the funeral for the subject child. SCDFS documented extensive efforts to locate the family. The family provided their address to SCDFS and contact was made with that state's child protective agency with request for a safety assessment. This was achieved and the mother and grandmother reported they would continue to supervise contact with the father and surviving sibling. Collateral contact was made with relatives who reported they would be a support for the family and assist in arranging for services.

The mother reported she had been in receipt of safe sleep information following the birth of the subject child. The family had a crib for the child; however, it had broke and the family was saving money to purchase another. The subject child was born with medical conditions which were corrected with surgery. The mother had obtained primary care for the subject child and sibling once the family relocated to New York. The children were behind with their medical appointments; however, there were no concerns reported by the pediatrician. The mother was questioned regarding substance abuse, as there was marijuana located in the home. The mother denied use or knowledge of the father's use. The mother reported being aware of the father's mental health concerns and stated it did not interfere with his ability to care for the children. There was a weapon located in the home by law enforcement which was accessible to the sibling and this was not discussed with the parents.

Official Manner and Cause of Death



Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Forensic Pathologist

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: SCDFS does not have an OCFS approved child fatality review team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055835 - Deceased Child, Male, 9 Mons	055836 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
055835 - Deceased Child, Male, 9 Mons	055837 - Father, Male, 24 Year(s)	Inadequate Guardianship	Substantiated
055835 - Deceased Child, Male, 9 Mons	055837 - Father, Male, 24 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The father was not interviewed face-to-face by CPS and was minimally cooperative with law enforcement despite several efforts to discuss the report with him.



Child Fatality Report

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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"/>

Explain:
The father was reported to have a warrant for his arrest from another state in regard to drug related criminal charges and this was not reflected in the RAP. The RAP identified mental health concerns for the father and he had a mental health appointment scheduled for 10/24/20.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 sibling was too young for mental health services; however, her needs were assessed and SCDFS offered clothes, bedding and financial assistance to the parents to assist in care for the sibling.



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

Explain:
The parents were offered grief counseling, funeral arrangements, financial assistance, clothing, bedding and mental health services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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 was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

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