



## Report Identification Number: SV-20-038

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

Issue Date: Feb 23, 2021

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:** 7 year(s)

**Jurisdiction:** Ulster  
**Gender:** Male

**Date of Death:** 11/01/2019  
**Initial Date OCFS Notified:** 09/09/2020

## Presenting Information

An SCR report alleged in November 2019, the parents were impaired by oxycodone and were unable to provide adequate care for the 7-year-old child or the sibling. At about 7:00 PM, on the same day in November, the child choked on food after it became lodged in his throat. The parents immediately noticed the child collapsed on the floor and turned blue but were too impaired to intervene and failed to perform life-saving measures. The father contacted EMS but by the time EMS arrived, they were unable to perform CPR due to the food lodged in his throat. The child was pronounced dead at the scene. Currently, the adults in the home used oxycodone, cocaine and marijuana while caring for the sibling. The parents used money needed for food to buy drugs. The sibling was hungry and losing weight. The home was in a deplorable, dirty, unsafe condition. The father left the sibling unsupervised for an unknown period of time. The sibling was nonverbal and in need of therapy he was not receiving.

## Executive Summary

This fatality report concerns the death of the 7-year-old male subject child that occurred on 11/14/2019. A report regarding his death was made to the SCR on 9/9/2020. The report alleged the parents and other home members abused drugs and were unable to care for the sibling, who was not receiving services for his disability. At the time of the child's death, he resided with his parents and his sibling. At the time the SCR report was made, the sibling resided with his parents and two other adults who moved in three days prior. The sibling was assessed to be safe in the care of his parents.

Ulster County Department of Social Services (UCDSS) contacted law enforcement upon receipt of the SCR report. The criminal investigation was completed prior to UCDSS' involvement. The criminal investigation did not result in any criminal charges.

An autopsy was performed, and the medical examiner found no signs of abuse or trauma. The cause of death was listed as asphyxia due to choking on food and the manner of death was accident.

The parents reported the child choked on a piece of sausage while eating dinner on the day of his death. The parents observed the child signaling that he was choking and fell unconscious. The father performed CPR while the mother called 911. EMS arrived and transported the child to the hospital where he was pronounced deceased. The parents denied being impaired at the time of the fatal incident. The parents previously abused drugs and the father was in a medication management program during the investigation. The parents appeared sober during home visits. The sibling was observed to be safe in the care of his parents; however, was unable to be interviewed due to a disability.

The other adults staying in the home at the time the SCR report was made refused to cooperate with the investigation and moved out the following day.

UCDSS obtained collateral information from the father's medication management program, the sibling's school and the paternal grandmother. The collateral contacts did not have concerns for the care of the sibling.

The allegations were unsubstantiated for the adults regarding the children. The investigation revealed the child's death was accidental and not a result of a caretaker's neglect. During home visits, the parents were sober and able to provide adequate care to the sibling. The sibling was in the process of receiving services for his disability. Additionally, the home



was observed to be clean and free from any safety hazards. The investigation was closed on 11/5/2020 after all casework requirements were met.

## 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 case circumstances.

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 notes a consultation took place, but no details noted.

### Explain:

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: 11/01/2019

Time of Death: Unknown



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

Unknown

**County where fatality incident occurred:**

Ulster

**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**

**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	Male	7 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 1	Other Adult - Unrelated adult	Alleged Perpetrator	Female	35 Year(s)
Other Household 1	Other Adult - Unrelated adult	Alleged Perpetrator	Male	26 Year(s)

### LDSS Response

On 9/9/2020, UCDSS received the fatality report from the SCR. The report alleged the parents were under the influence of drugs at the time the 7-year-old subject child died as a result of choking on food. The report alleged current concerns for the sibling regarding drug abuse by the parents as well as two other adults who were staying in the home. Additionally, there were concerns for the cleanliness of the home, and the sibling was not receiving services for his disability.

Within the first 24 hours of receiving the SCR report, UCDSS contacted law enforcement, completed a CPS history check and attempted to contact the source. The source was unable to be contacted as the reported contact information was not correct. A home visit was made, and the sibling was assessed to be safe in the care of his parents.

At the request of UCDSS, law enforcement attempted to conduct a child welfare check on the night the SCR report was received; however, were unsuccessful. Law enforcement provided their records to UCDSS. Responding officers reported the parents were not impaired on the night of the fatal incident and were distraught over the child's passing. The records contained information the child died accidentally after choking. Law enforcement's investigation did not result in any criminal charges.



On 9/10/2020, UCDSS made a home visit to the case address and met with the adults and assessed the safety of the sibling. The sibling was unable to be interviewed due to a disability. The other adults who were staying in the home declined to be interviewed and moved out of the home the same day.

The parents stated they and the sibling were the only people present at the time of the fatal incident. The parents were interviewed separately and in private. The father said on the day of the death, the child came home from school and they played video games together while dinner was cooking. The father made a plate for the child, which included sausage. The father turned around to make himself a plate and when he looked at the child, he was standing and holding his throat. The child fell to the floor and was unresponsive. The father performed CPR while the mother called 911. The child was transported to the hospital via ambulance where he was pronounced deceased. The mother was in another room while the child played video games with the father but entered the kitchen to make her plate when she witnessed the child in distress. The child was standing and saying he was choking. The mother did not have additional information.

Several home visits were made during the investigation and the home was observed to be clean and orderly. There was no suspicion the parents were under the influence of drugs or alcohol, and the sibling was safe in the care of the parents. The parents disclosed a history of drug abuse, and the father was participating in a medication management program throughout the investigation. The father tested positive for marijuana, and the mother tested negative for all substances.

UCDSS spoke with the paternal grandmother who did not express concern for the parents' care of the children at any time. The school reported the sibling was receiving the services he needed.

After completing all required reports and Safety Assessments timely and accurately, and completing all casework activity, UCDSS closed their investigation.

### 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:** Medical Examiner

### 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:** Ulster County does not have an OCFS-approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056053 - Deceased Child, Male, 7 Yrs	056054 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
056053 - Deceased Child, Male, 7 Yrs	056055 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
056053 - Deceased Child, Male, 7 Yrs	056055 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated



# Child Fatality Report

056053 - Deceased Child, Male, 7 Yrs	056054 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056054 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056054 - Mother, Female, 30 Year(s)	Lack of Medical Care	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056054 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056058 - Other Adult - Unrelated adult, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056058 - Other Adult - Unrelated adult, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056058 - Other Adult - Unrelated adult, Male, 26 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056057 - Other Adult - Unrelated adult, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056055 - Father, Male, 34 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056055 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056055 - Father, Male, 34 Year(s)	Lack of Medical Care	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056055 - Father, Male, 34 Year(s)	Lack of Supervision	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056055 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056057 - Other Adult - Unrelated adult, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056054 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
056056 - Sibling, Male, 4 Year(s)	056057 - Other Adult - Unrelated adult, Female, 35 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

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



# Child Fatality Report

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:**

As the child died in 2019, appropriate collateral contacts were made regarding medical professionals. The sibling was unable to be interviewed due to a disability. The unrelated adults did not cooperate with the investigation.

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



**Explain:**

The parents declined referrals for addiction services.

**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 sibling did not need to be removed.

**Legal Activity Related to the Fatality**

Was there legal activity as a result of the fatality investigation? There was no legal activity.

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 The child died approximately one year prior to the SCR report being made; therefore, the family did not need services in response to the fatality. The parents were offered and declined addiction services. The sibling was referred for Early Intervention services due to a disability and was engaged in services prior to the SCR report.

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

**Explain:**

There were no service needs identified for the sibling following the fatality.

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

**Explain:**

The parents were referred to an addiction counseling service; however, declined the service.

## 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

## 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 New York.

## 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