



Report Identification Number: SV-20-045

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

Issue Date: May 03, 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: 3 month(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 11/04/2020
Initial Date OCFS Notified: 11/04/2020

Presenting Information

The SCR report stated that on 11/3/2020 prior to 12:00 AM, the mother (SM) fed the 3-month-old subject child (SC) and placed her to down to sleep in an unknown location. It was unknown if the mother or father (SF) checked on the child during the night. At 9:00 AM on 11/4/2020, the father awoke and found the child not breathing or moving. The mother called 911 and EMS responded to the home and performed CPR. The child’s fingers and jaw were closed in rigor mortis, and the child was transported to the hospital where she was pronounced dead. There was also a 4-year-old sibling (SS) in the home at the time of the fatal incident.

Executive Summary

This report concerns the death of a 3-month-old child that occurred while in the care of the mother and father. Westchester County Department of Social Services (WCDSS) received the SCR report and coordinated their initial response with law enforcement. WCDSS was informed by law enforcement that the fatal incident occurred while the mother and father were visiting friends and stayed the night.

Initial interviews were performed with law enforcement present. The mother and the father initially stated that the subject child was asleep until 11:00 PM and awoke to feed. The child remained awake until approximately 1:00 AM with the parents on a twin-size bed in the living room, was fed again and put to sleep in a crib in a separate bedroom. The 4-year-old surviving sibling was asleep on a twin-size bed in the bedroom the entire night. The father stated he awoke at 8:30 AM and found the child unresponsive in the crib when he went to check on her. The parents attempted to wake the child and get her to respond before calling 911 at approximately 9:00 AM. Emergency medical services responded to the home, transported the child to the hospital, where she was pronounced dead at 9:51 AM. The adults initially denied drug and alcohol use on the night of the fatal incident. Since there was no known cause of death for the subject child, a safety plan was implemented for the surviving sibling. On 11/4/20, the surviving sibling went to stay with a maternal grandmother.

The other adults present at the time of the fatal incident were interviewed and denied drug use in the residence the night prior and disclosed no knowledge of how the subject child died.

WCDSS continued their investigation through familial and collateral interviews. WCDSS had concerns for the timeline of events, where the child was sleeping, and drug and alcohol use by the parents the night of the incident were identified. The mother and father admitted in a subsequent interview that the father had been drinking alcohol that night, although it was unclear if the father had been drinking to the point of impairment or not. The mother and father confirmed to WCDSS that they had been co-sleeping with the child on a twin-sized mattress the night of her death and confirmed that co-sleeping with the child was normal for them. The father changed the timeline of events to accurately state that he awoke to his alarm at 8:00 AM and found the child unresponsive in bed with them and he alerted the other adults in the home. It was also confirmed that 911 was not contacted until approximately 9:00 AM while the adults attempted to get the child to respond, delaying potential lifesaving interventions.

Preliminary autopsy results showed that co-sleeping was a contributing factor in the child’s death. Due to the concern for the delay in medical treatment, and substance use, specifically alcohol use by the father prior to co-sleeping with the child, in the home by the adults on the night of the fatal incident, WCDSS made the determination to substantiate the allegations in the report against the SM and the SF and assessed the SS as being at risk of harm while in their care.



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

Was the decision to close the case appropriate? N/A

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 case record has detailed documentation of consultation with supervisors and a long term case was opened following the removal of the surviving sibling.

Required Actions Related to the Fatality

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

Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The 30-Day Fatality Report was not completed within 30 days of the receipt of the report. The report was completed on 12/11/20, seven days late.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	WCDSS will complete the 30-Day Fatality report in Connections within the required time frame.

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 11/04/2020

Time of Death: 09:51 AM

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

08:00 AM

County where fatality incident occurred:

Westchester

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 was supervisor impaired?

- Drug Impaired
- Alcohol Impaired
- Impaired by illness
- Impaired by disability

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- 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	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 1	Other Adult - Biological Father to sibling	No Role	Male	18 Year(s)

LDSS Response

WCDSS received the SCR report and coordinated their response with LE. LE informed WCDSS that the SM, the SF, the SC, and the SS were visiting a friend for the night and arranged for WCDSS to meet them at the location of the fatal incident to meet with the parties involved.

WCDSS conducted interviews of the SM and the SF with LE present. The SM and SF stated to WCDSS that the SC had been sleeping off and on, and waking to feed while the adults spent time together. The SM and SF stated that they put the SC on a twin bed in the living room until she awoke around 11:00 PM to eat. They reported that the SC was awake from 11:00 PM-1:00 AM and that they kept the SC on a twin-size bed in the living room until 6:00 AM when they put the SC in



a crib in the bedroom. The SS was asleep on a twin-size bed in the bedroom the entire night. The SM stated that after putting the SC to sleep in the crib, she returned to the bed in the living room with the SF. The SF initially reported he awoke at 8:30 AM. The SF stated he went to check on the SC and found her in the crib not breathing, unresponsive, and alerted everyone to her condition. The SF and the SM reported 911 was not called until around 9:00 AM and did not provide an explanation for the delay in calling for help other than they were panicked. The SC was transported to the hospital and was pronounced dead at 9:51 AM. The SF and the SM initially denied drug and alcohol use before the SF admitted to drinking alcohol when questioned further. A safety plan was developed with the parents to have the maternal grandmother (MGM) care for the SS. The SS was assessed to be safe in the care of the MGM.

The investigation produced concerns about potential drug use in the friend's residence the night of the fatal incident and it was later disclosed by the SF and the SM that the other adults in the home smoked marijuana and the SF had consumed alcohol but did not use marijuana. It was unclear if the father consumed alcohol to the point of impairment or not. A drug screen produced a negative toxicology for the SM for all substances and the SF tested positive for alcohol. The SM and SF later disclosed that they had been co-sleeping with the SC between them, and that they co-slept regularly. The SF stated that he usually slept with the SC tucked in his armpit throughout the night. The SM and the SF disclosed that they had received safe sleep information when the SC was born and were aware that they should not co-sleep with the SC. The SF and SM in a later interview disclosed the SF woke around 8:00 AM to find the SC unresponsive and that they spent the next hour trying to wake the SC and get her to react before calling 911. A neglect petition was filed due to the concerns for drug and alcohol use in the home the night of the incident, and unstable housing following the fatal incident. The SM and the SF consented to the removal of the SS and signed a 1021 consent form which was then filed in court. The SS was placed with the MGM.

WCDSS obtained the pediatric records for the SC and the SS. There were no medical concerns identified for either child. The SC was an otherwise healthy child at the time of her death.

WCDSS obtained the hospital records from the birth and death of the SC. The records pertaining to the birth showed that the SM and the SF received safe sleep counseling and were aware of appropriate safe sleep practices.

WCDSS spoke with collateral contacts who responded to the home on the day of the fatal incident. EMS records showed that they arrived on scene and began CPR before transporting the SC to the hospital. An autopsy was performed, and the results were pending at the time this report was written, though preliminary results showed co-sleeping as a factor in the death.

WCDSS made the determination to substantiate the allegations in the report due to the inappropriate sleeping arrangement, and alcohol use by the SF prior to co-sleeping with the SC and the SM on a twin-size mattress.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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: WCDSS coordinated their investigation with an MDT response.

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

Comments: Westchester County has an OCFS approved Child Fatality Review Team.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056702 - Deceased Child, Female, 3 Mons	056703 - Mother, Female, 18 Year(s)	DOA / Fatality	Substantiated
056702 - Deceased Child, Female, 3 Mons	056703 - Mother, Female, 18 Year(s)	Lack of Medical Care	Substantiated
056702 - Deceased Child, Female, 3 Mons	056704 - Father, Male, 28 Year(s)	DOA / Fatality	Substantiated
056702 - Deceased Child, Female, 3 Mons	056704 - Father, Male, 28 Year(s)	Lack of Medical Care	Substantiated
056702 - Deceased Child, Female, 3 Mons	056703 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
056702 - Deceased Child, Female, 3 Mons	056704 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
056702 - Deceased Child, Female, 3 Mons	056704 - Father, Male, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
056705 - Sibling, Male, 4 Year(s)	056704 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
056705 - Sibling, Male, 4 Year(s)	056703 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
056705 - Sibling, Male, 4 Year(s)	056704 - Father, Male, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

CPS Fatality Casework/Investigative Activities

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



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 type="checkbox"/>	<input checked="" 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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Explain:
Casework was documented to assess the safety of the SS throughout the investigation; however, a formal safety assessment was not completed at the 30 day mark. The 30-Day Fatality report was completed on 12/11/20, 7 days late.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The SS was removed from the care of the parents.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court
 Criminal Court
 Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/03/2020	There was not a fact finding	There was not a disposition
Respondent:	056703 Mother Female 18 Year(s)	
Comments:	The SM and SF consented to the removal of the SS under New York Family Court Act 1021 and the SS was placed with the maternal grandmother. WCDSS filed the neglect petition in court and the placement continued throughout the investigation period.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/03/2020	There was not a fact finding	There was not a disposition
Respondent:	056704 Father Male 28 Year(s)	
Comments:	The SM and SF consented to the removal of the SS under New York Family Court Act 1021 and the SS was placed with the maternal grandmother. WCDSS filed the neglect petition in court and the placement continued throughout the investigation period.	

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

Services were declined by the parents on behalf of the sibling.

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

Explain:

The mother and father declined to participate in services during the investigation period. A long term case was opened and WCDSS continued working with the family. The SM was ordered to parenting classes as part of the family court petition. The father was not ordered to participate in classes due to not being the biological father of the surviving sibling.

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? N/A
- 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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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 one historical case which alleged the SM was shoplifting with the SS present. The mother admitted to shoplifting with the SS present; however, there were no criminal charges pressed and the mother was a minor at the time. The allegations were unsubstantiated.

Known CPS History Outside of NYS

There is no known 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