



## Report Identification Number: SV-21-011

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

Issue Date: Sep 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

| <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                 | ASTO-Allowing Sex Abuse to Occur            |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

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

**Date of Death:** 03/10/2021  
**Initial Date OCFS Notified:** 03/10/2021

## Presenting Information

On 03/10/21, at an unknown time, the mother and the father left the 1-year-old subject child and 4-year-old sibling at home while they left the residence. At approximately 3:00AM, a fire broke out in the apartment where the children were located. The sibling went to the second floor apartment and made the other tenants aware that there was a fire. The mother and father failed to adequately supervise the children by leaving them unattended for an undetermined amount of time. The sibling sustained several burns. The subject child was engulfed in the flames and passed away from a combination of asphyxiation and thermal injuries. Her remains were found in the crib with partial ash and bone remaining and she was pronounced dead at approximately 4:45AM. The mother and the father arrived on scene approximately 20 minutes after responding officers arrived on the scene.

## Executive Summary

On 3/10/21, the Suffolk County Department of Social Services (SCDSS) received an SCR report regarding the death of the 1-year-old female subject child that occurred on the same date. The death happened after a fire occurred in the home and the subject child was unable to escape. The child resided with her mother, father, 4-year-old sibling and an unrelated adult, in the basement apartment of a duplex home. In the upstairs apartment, the grandmother resided with other family members.

Through a joint investigation with law enforcement it was learned that on the morning of 3/10/21, the mother and father left the home to go to the store. The parents did not notify the unrelated home member or the adults upstairs that they were leaving, and the sibling and subject child were left unsupervised. While the parents were gone, a fire started in the basement apartment. The grandmother and aunt heard yelling at the door leading from the basement and opened the door to find the sibling. The flames had engulfed the basement at that time. The unrelated home member was able to escape. The subject child was discovered deceased in the home after the fire was out. She was pronounced deceased at the scene at approximately 4:45AM and taken directly to the Medical Examiner's Office. The sibling was admitted to the hospital for burns sustained in the fire. The parents returned to the home twenty minutes after first responders arrived.

An autopsy was performed, and the results were pending the toxicology report. The preliminary cause of death was smoke inhalation and thermal injuries. The Medical Examiner reported that he saw no evidence of any physical trauma or other injury that would have been indicative of the child being abused or maltreated. Law enforcement reported that the fire appeared to be accidental, with a preliminary finding to be that an overused outlet caused the fire. There was no suspicion of criminality related to the child's death.

SCDSS determined there was credible evidence to substantiate the allegations of Burns/Scalding, Inadequate Guardianship, Lack of Supervision and DOA/Fatality against the parents regarding the subject child and the allegations of Burns/Scalding, Inadequate Guardianship, and Lack of Supervision regarding the sibling. SCDSS found that the parents failed to exercise a minimum degree of care when they left the children unsupervised and did not notify an adult that they were leaving. While the children were unsupervised, a fire ignited, which caused the death of the child and numerous burn injuries to the sibling. SCDSS provided bereavement referrals for the family, as well as referrals for counseling and a list of community services. The CPS investigation was closed on 5/7/21.

## PIP Requirement



There is currently an existing Program Improvement Plan in place for the practice issues identified in this report, as a result of prior findings of OCFS. SCDSS will continue to work on the cited issues and revise their PIP if deemed necessary by SCDSS and OCFS.

## 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? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
The interviews with the mother and father were focused on the allegations and did not include questions about overall safety and risk, including mental health, drug and/or alcohol use, discipline and domestic violence. Therefore, it was unknown if additional referrals for services were necessary.

## Required Actions Related to the Fatality

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

|                         |   |
|-------------------------|---|
| <b>Issue:</b>           | Timely/Adequate 30-Day Safety Assessment  |
| <b>Summary:</b>         | Although the 30-day fatality report was completed, it was not documented that the corresponding 30-day Safety Assessment was completed in Connections.        |
| <b>Legal Reference:</b> | CPS Program Manual, Chapter 6, K-2  |
| <b>Action:</b>          | SCDSS currently has a PIP in place to address this issue and will continue to work on practice improvement. There is no further action required at this time. |
| <b>Issue:</b>           | Adequacy of face-to-face contacts with the child and/or child's parents or guardians  |



|                         |   |
|-------------------------|---|
| <b>Summary:</b>         | The mother and father were interviewed face-to-face; however, their interviews were focused on the allegations and did not contain questions to elicit information regarding overall safety and risk factors. |
| <b>Legal Reference:</b> | 18 NYCRR 432.1 (o)  |
| <b>Action:</b>          | SCDSS currently has a PIP in place to address this issue and will continue to work on practice improvement. There is no further action required at this time.   |
| <b>Issue:</b>           | Failure to provide notice of report   |
| <b>Summary:</b>         | The unrelated home member was added to the investigation and interviewed face-to-face; however, the record did not reflect that he was provided with a notification of existence letter.                      |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(ii)(f)   |
| <b>Action:</b>          | SCDSS currently has a PIP in place to address this issue and will continue to work on practice improvement. There is no further action required at this time.   |

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 03/10/2021

**Time of Death:** 04:45 AM

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

03:00 AM

**County where fatality incident occurred:**

Suffolk

**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?**

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 was supervisor impaired?** Unknown if they were impaired.

**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 | 1 Year(s)  |
| Deceased Child's Household | Father                | Alleged Perpetrator | Male   | 41 Year(s) |
| Deceased Child's Household | Mother                | Alleged Perpetrator | Female | 36 Year(s) |
| Deceased Child's Household | Sibling               | Alleged Victim      | Female | 4 Year(s)  |
| Deceased Child's Household | Unrelated Home Member | No Role             | Male   | 57 Year(s) |

### LDSS Response

SCDSS investigated the incident by searching SCR history and speaking to the mother, father, relatives, and the sibling. They notified the district attorney's office, made collateral contacts with first responders, the medical examiner, and obtained medical records.

SCDSS interviewed the grandmother and aunt, who resided in the upstairs apartment and were home at the time of the fire. On the night of the fatality, the grandmother reported she had woken up and went out into the living room. The grandmother noticed smoke coming from a hole in the floor and heard the sibling knocking on the door that leads to the basement and yelling. The grandmother and aunt opened the door and there was smoke and large pieces of debris burning in the air. The grandmother yelled to the unrelated home member, who was able to escape up the stairway. The grandmother woke the other home members who resided upstairs, and they got out of the house. The grandmother and aunt reported they were unaware if the mother and father were still in the home, since they were not notified of them leaving. The aunt stated that the mother and father were observed driving up to the home after the family had escaped the fire. The mother attempted to enter the home and was injured while doing so. The aunt reported the parents had never left the children home alone before.

SCDSS interviewed the mother who reported that at the time the fire occurred, she and the father had left the home to go to the store. It was unclear how long the parents were gone for or why they went to the store. The mother stated they were gone a short time when she received a phone call that there was a fire. The parents arrived home and the mother tried to run into the house but could not; the fire was too large. First responders were already at the home when the parents arrived. The mother reported she was not sure if she had informed the unrelated home member that she and the father were leaving the home. The father was interviewed and provided similar accounts of the events the night of the fatality. The father reported he and the mother did not inform any of the adults that they were leaving the home. SCDSS reviewed the importance of age appropriate supervision with the father. Although the parents were interviewed face-to-face, the record did not reflect that they were asked about safety and risk factors, including drug and alcohol use, domestic violence, and mental health.

The home was uninhabitable following the fire and the family stayed with relatives until they located a new apartment. SCDSS assessed the new apartment and found there to be no safety concerns. Smoke detectors and carbon monoxide detectors were observed in the home. SCDSS interviewed the sibling, and she reported feeling safe at home, and denied she had been left home alone before. The sibling was able to describe that there was a fire; however, did not remember details about the incident.

SCDSS requested the mother and father sign releases of information so they could obtain records from the child's pediatrician, the hospital and first responders. The mother and father declined; however, agreed to sign a release for the hospital treating the sibling's burns. The medical records revealed that the sibling was in receipt of appropriate medical care. SCDSS contacted the fire department, who stated the fire was most likely the result of an overloaded outlet, which



caused the fire to start in the basement area of the home. At the time this report was completed, it was believed that the fire was accidental in nature.

### Official Manner and Cause of Death

**Official Manner:** Pending

**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:** SCDSS does not have an OCFS Child Fatality Review Team.

### SCR Fatality Report Summary

| Alleged Victim(s)                          | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|--|-------------------------------------|-------------------------|--------------------|
| 057578 - Deceased Child, Female, 1 Year(s) | 057579 - Mother, Female, 36 Year(s) | DOA / Fatality          | Substantiated      |
| 057578 - Deceased Child, Female, 1 Year(s) | 057579 - Mother, Female, 36 Year(s) | Burns / Scalding        | Substantiated      |
| 057578 - Deceased Child, Female, 1 Year(s) | 057579 - Mother, Female, 36 Year(s) | Inadequate Guardianship | Substantiated      |
| 057578 - Deceased Child, Female, 1 Year(s) | 057579 - Mother, Female, 36 Year(s) | Lack of Supervision     | Substantiated      |
| 057578 - Deceased Child, Female, 1 Year(s) | 057580 - Father, Male, 41 Year(s)   | DOA / Fatality          | Substantiated      |
| 057578 - Deceased Child, Female, 1 Year(s) | 057580 - Father, Male, 41 Year(s)   | Burns / Scalding        | Substantiated      |
| 057578 - Deceased Child, Female, 1 Year(s) | 057580 - Father, Male, 41 Year(s)   | Inadequate Guardianship | Substantiated      |
| 057578 - Deceased Child, Female, 1 Year(s) | 057580 - Father, Male, 41 Year(s)   | Lack of Supervision     | Substantiated      |
| 057581 - Sibling, Female, 4 Year(s)        | 057579 - Mother, Female, 36 Year(s) | Burns / Scalding        | Substantiated      |
| 057581 - Sibling, Female, 4 Year(s)        | 057579 - Mother, Female, 36 Year(s) | Inadequate Guardianship | Substantiated      |
| 057581 - Sibling, Female, 4 Year(s)        | 057579 - Mother, Female, 36 Year(s) | Lack of Supervision     | Substantiated      |
| 057581 - Sibling, Female, 4 Year(s)        | 057580 - Father, Male, 41 Year(s)   | Burns / Scalding        | Substantiated      |
| 057581 - Sibling, Female, 4 Year(s)        | 057580 - Father, Male, 41 Year(s)   | Inadequate Guardianship | Substantiated      |
| 057581 - Sibling, Female, 4 Year(s)        | 057580 - Father, Male, 41 Year(s)   | Lack of Supervision     | Substantiated      |



# Child Fatality Report

## 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Fatality Safety Assessment Activities

|  | Yes                                 | No                                  | N/A                      | Unable to Determine      |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate 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

|  | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Was there an adequate assessment of the family's need for services?   | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Explain:**

The mother and father were interviewed face-to-face; however, their interviews did not contain questions to elicit information regarding overall safety and risk factors and their need for 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"/> |

**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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Funeral arrangements   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Housing assistance     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mental health services | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Foster care            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



|   |                          |                          |                          |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Homemaking Services</b>                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Parenting Skills</b>                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Domestic Violence Services</b>           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Early Intervention</b>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Child Care</b>                           | <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"/> |

**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:**  
SCDSS offered the family services on behalf of the sibling, including bereavement counseling, clothing, toys and any other needed household items.

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

**Explain:**  
SCDSS offered the parents financial assistance, referrals for furniture and household items, bereavement counseling, mental health counseling and information for a variety of community services/resources.

### 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

In 2017, the father had one indicated CPS investigation regarding the sibling. The allegation of inadequate guardianship was substantiated due to the father having fled from law enforcement while pushing the sibling in a stroller and using the stroller as a shield between him and law enforcement.

### 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