



## Report Identification Number: SV-21-014

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

Issue Date: Oct 08, 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:** 1 year(s)

**Jurisdiction:** Dutchess  
**Gender:** Female

**Date of Death:** 04/12/2021  
**Initial Date OCFS Notified:** 04/12/2021

## Presenting Information

On 4/12/21, Dutchess County Department of Community and Family Services (DCDCFS) received an SCR report which alleged that on 4/12/21, the father was the sole caretaker of the the 1-year-old subject child and 3-year-old sibling while the mother was at work. The report stated at 11:30AM, the father put the child down for a nap on a mattress on the floor. At approximately 12:40PM, the father checked on the child and she was not breathing and had vomit in her mouth. The father called 911 and first responders arrived and performed cardiopulmonary resuscitation. The child was transported to the hospital, where she was pronounced dead at 1:38PM. The child had no marks or bruises on her body and was an otherwise healthy child. The father was unable to provide an explanation for the child's death.

## Executive Summary

On 4/12/21, DCDCFS received an SCR report regarding the death of the 1-year-old female subject child that occurred on the same date. The child resided with her mother, father and 3-year-old sibling. The report alleged that the child passed away while in the care of the father. There were additional concerns regarding the father's untreated substance abuse.

Through a joint investigation with law enforcement, it was learned that on 4/12/21, the mother left for work and the father was at home caring for the subject child and sibling. The father placed the child down on a blanket on the floor in the living room for a nap and went outside with the sibling. When he returned to check on the child and give her a bottle, he discovered her unresponsive and called 911. First responders arrived and transported the child to the hospital via ambulance. Life saving measures continued on route to the hospital; however, they were not successful, and the child was pronounced deceased.

DCDCFS gathered information from the medical examiner's office and law enforcement. An autopsy was performed and it was learned that the child had five times the amount of fentanyl that would kill an adult and horse tranquilizer in her system. The cause of death was acute fentanyl intoxication and the manner was homicide. The criminal investigation remained open at the closure of the CPS investigation.

DCDCFS opened a mandatory Preventive Services Case for the family and filed an Abuse and Neglect Petition against the father and a Neglect Petition against the mother. There was an Order of Protection against the father, which required supervised contact with the sibling. The sibling remained in the care of the mother. The mother was cooperating with preventive services, had enrolled in Al-Anon meetings and was found to be abiding by the Order of Protection during unannounced home visits conducted by DCDCFS.

DCDCFS found there was credible evidence to substantiate the allegations of DOA/Fatality and Inadequate Guardianship against the father. DCDCFS added the allegations of Parent's Drug/Alcohol Misuse against the father and Inadequate Guardianship against the mother and substantiated them. The family was offered burial assistance, grief counseling, services on behalf of the sibling and was referred for a family team meeting. The CPS investigation was closed on 6/11/21.

## 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:**  
Casework activity was commensurate with case circumstances. The family remained open with mandated preventive services at the closure of the CPS investigation.

### 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: 04/12/2021

Time of Death: 01:38 PM

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

County where fatality incident occurred: Dutchess

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? Yes

Child's activity at time of incident:



- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**Did child have supervision at time of incident leading to death?** Yes  
**How long before incident was the child last seen by caretaker?** 1 Hours  
**At time of incident was supervisor impaired?** Unknown if they were impaired.  
**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- Other: **Outside doing yard work**

**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	44 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)

### LDSS Response

DCDCFS received the SCR report and within 24 hours initiated a joint investigation with law enforcement. DCDCFS searched SCR history, interviewed the parents, assessed the safety of the surviving sibling, gathered information from law enforcement and the medical examiner, interviewed hospital staff and notified the district attorney's office.

The father was interviewed and reported the day of the child's death he went to his outpatient substance abuse clinic and returned home prior to the mother leaving for work. When he came home, the child was awake and alert and the mother left shortly after. The father fed the child and sibling and then placed them in the living room to watch television. About forty minutes later, the sibling asked to go outside. The father checked on the subject child and reported that her eyes were rolling, but that the child normally slept with her eyes open. The father stated that the child had a runny nose and was congested for two days prior. The father further stated that the child was pale and not acting like her normal self. The father and sibling went outside and after about ten minutes went back inside. The father made the subject child a bottle and when he went to give it to her, he discovered she was unresponsive.

The mother was interviewed and denied knowledge of the father's fentanyl use. The mother was aware the father was using marijuana regularly, but denied he did this inside of the home near the children. The mother had seen needles in the home, but the father had reported they were for his medication. The mother confirmed she was not home at the time of the incident and that the father regularly cared for the children while she was at work. The sibling was interviewed and did not disclose any CPS concerns.

DCDCFS spoke to collateral contacts, including law enforcement, first responders, medical professionals, and the father's addiction services counselor. It was reported that when first responders arrived at the home, a hypodermic needle was



discovered inside of the toilet. The needle was tested and returned positive for fentanyl. The father reported he took the needle home from a hospital visit and discarded it in the toilet when he discovered it in his pocket prior to first responders arriving. It was learned that the father had been testing positive for fentanyl and other illicit substances prior to and following the death of the child. The father had also been absent from treatment the two months leading up to the fatality. The father had not been recommended for additional substance abuse treatment, despite his ongoing positive drug screens and absenteeism from the treatment program. The treatment facility reported that finding childcare was one of the reasons the father provided for his missed appointments. In addition, the father reported to medical professionals that he had been intravenously using fentanyl as pain management for over a year.

DCDCFS implemented an immediate safety plan, which stated the father could not have unsupervised contact with the sibling. On 4/23/21, DCDCFS filed a Neglect Petition, and the Judge ordered the father to vacate the home. An Order of Protection was issued, which allowed for supervised day visits with the father and sibling. On 6/3/21, the Order of Protection was modified and stated that visitation between the father and sibling could not occur in the home or be supervised by the mother. The Judge modified the Order of Protection due to concerns that the mother was unable to recognize the father's fentanyl use the year leading up to the fatality. On 6/17/21, DCDCFS filed a Neglect Petition against the mother due to concerns about her possibly having knowledge of the father's drug use and leaving the children in his care. The mother submitted to drug screens during the investigation, and the tests were negative for all substances.

**Official Manner and Cause of Death**

**Official Manner:** Homicide

**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:** Dutchess County Department of Community and Family Services does not have an OCFS approved Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058001 - Deceased Child, Female, 1 Yrs	058002 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
058001 - Deceased Child, Female, 1 Yrs	058003 - Father, Male, 44 Year(s)	Inadequate Guardianship	Substantiated
058001 - Deceased Child, Female, 1 Yrs	058003 - Father, Male, 44 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
058001 - Deceased Child, Female, 1 Yrs	058003 - Father, Male, 44 Year(s)	DOA / Fatality	Substantiated
058004 - Sibling, Female, 3 Year(s)	058002 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
058004 - Sibling, Female, 3 Year(s)	058003 - Father, Male, 44 Year(s)	Inadequate Guardianship	Substantiated



# Child Fatality Report

058004 - Sibling, Female, 3 Year(s)	058003 - Father, Male, 44 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
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## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile



	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input 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 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?

Family Court

Criminal Court

Order of Protection

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
04/13/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	058003 Father Male 44 Year(s)	
<b>Comments:</b>	DCDCFS filed a Neglect Petition against the father. As a result, the Judge ordered the father to vacate the home and issued an Order of Protection, which required the father's contact with the sibling be supervised. The petition was still pending in family court at the time this report was written.	

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/17/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	058002 Mother Female 35 Year(s)	
<b>Comments:</b>	On 6/17/21, DCDCFS filed a Neglect Petition against the mother due to concerns about her possible knowledge of the father's drug use and his lack of compliance with his addiction counseling services.	



**Have any Orders of Protection been issued? Yes**

**From:** 04/23/2021

**To:** Unknown

**Explain:**

On 4/23/21, there was an initial family court appearance regarding the Neglect Petition filed by DCDCFS. The father was granted supervised visitation with the surviving sibling and the mother was permitted to supervise the contact in the home. On 6/3/21, the Order of Protection was modified and the visitation was not allowed to be supervised by the mother or occur in the home. The Judge modified the Order of Protection due to a concern that the mother was unable to recognize the father's fentanyl use the year leading up to the fatality.

**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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? Yes**

**Explain:**

The parents were provided with a referral to the Department of Health, to provide assistance with disclosing the death of the child to the sibling.



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

**Explain:**

The family was offered grief counseling and burial assistance.

### 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 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