



**Report Identification Number: SV-23-036**

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

**Issue Date: Dec 15, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 16 day(s)

**Jurisdiction:** Nassau  
**Gender:** Male

**Date of Death:** 07/14/2023  
**Initial Date OCFS Notified:** 07/14/2023

## Presenting Information

The SCR report alleged on 7/14/23, at approximately 2:30AM, the father woke up, fed the subject child, swaddled him, and put him back to sleep in the bassinet. Around 7:45AM, the father observed the subject child in his bassinet with blood in his nose and he was not breathing. One of the parents began breaths and chest compressions. It was unknown which parent attempted resuscitation and which parent called 911. Law enforcement and emergency medical services were dispatched to the residence at 7:45AM and started chest compressions upon arrival. The subject child was not responsive and transported to the hospital where he was pronounced deceased at 8:40AM. The subject child was an otherwise healthy child, and the parents had no explanation for his death. The parents failed to maintain a safe and sanitary living environment for the subject child and 5-year-old sibling. The home had no clear pathways, garbage, clothing and broken toys on the floors. The front door was not accessible.

## Executive Summary

This fatality report concerns the death of the 16-day-old male subject child that occurred on 7/14/23. The SCR report contained allegations of Inadequate Guardianship, Inadequate Food/Clothing/Shelter, and DOA/Fatality against the mother and father of the subject child. At the time of his death, the subject child resided with his mother, father, and the surviving sibling. The father of the surviving sibling resided out of state and his home was assessed by out-of-state CPS.

Nassau County Department of Social Services (NCDSS) completed casework and collateral contacts and learned that in the early hours of 7/14/23, between 2:00AM and 2:30AM, the father fed the subject child a 3-ounce bottle of formula. After feeding the subject child, the father sat in bed with the subject child lying on his shoulder. The father reported briefly falling asleep but awoke 10 minutes later and placed the subject child swaddled in his bassinet, next to the parents' bed. The father awoke again at approximately 7:42AM and found the subject child unresponsive with blood in his nose. The father called 911, ran outside, and the maternal grandmother who lived across the street attempted cardiopulmonary resuscitation until emergency medical services arrived and took over life-saving measures. The subject child was transported to the hospital, where he was pronounced deceased at 8:40AM.

An autopsy was performed, and the final cause and manner of death were pending. The medical examiner reported no signs of trauma, bruising, or internal trauma to the subject child. Law enforcement found there was no criminality related to the subject child's death and no charges had been filed at the close of the CPS investigation. However, the status of the criminal investigation was unknown.

Bereavement and mental health referrals were completed on behalf of the family, though it was unknown if these services were utilized. NCDSS was made aware the mother and father smoked marijuana on the night of the fatality and there was paraphernalia observed in the home; however, the record does not reflect this concern was addressed with the parents. The allegations of Inadequate Guardianship and Inadequate Food/Clothing/Shelter were substantiated against the parents due to the condition of the home being a health and safety hazard for the children. The parents rectified the condition of the home and were offered hoarding services but refused stating they intended to keep the home clean. The allegation of DOA/Fatality was unsubstantiated, as there was no cause of death for the subject child or evidence to support that the subject child died as a result of abuse or maltreatment. The sibling was assessed to be safe in the care of the mother. The CPS investigation was appropriately indicated and closed on 9/12/23.

## PIP Requirement



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

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

### Explain:

NCDSS made an appropriate determination based on evidence obtained during the investigation.

**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:

Casework was not commensurate with case circumstances. There was concern regarding marijuana use on the night of the fatality and marijuana paraphernalia observed in the home; however, this was not discussed with the parents.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Pre-Determination/Nature, Extent and Cause of Any Condition
<b>Summary:</b>	The SM stated she and the SF used marijuana on the night of the fatality, and paraphernalia was observed in the home. This was not discussed with the parents. NCDSS did not follow up with the SC's pediatrician regarding the advice to swaddle the SC.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(iii)(c)



**Action:** NCDSS will make an adequate assessment of the nature, extent, and cause of any condition which may constitute abuse or maltreatment, whether contained in the original SCR report or discovered during the open investigation.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 07/14/2023

**Time of Death:** 08:40 AM

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

Unknown

**County where fatality incident occurred:**

Nassau

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

07:45 AM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?**

Unknown

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	16 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Other Household 1	Other Adult - SS's Father	No Role	Male	29 Year(s)

### LDSS Response

Upon receipt of the SCR report, NCDSS coordinated their investigation with LE, interviewed the parents and collateral sources, conducted a CPS history check, offered fatality-related services, and established a safety plan for the SS regarding the condition of the home.

NCDSS interviewed the SM and SF and learned that on the night of 7/13/23, the SF arrived home from work around



11:30PM. The SF played with the SC, changed him, and the SM and SF fed him a bottle around 12:30AM on 7/14/23. The SM reported she took a picture of the SC and went to sleep between 1:30-2:00AM. The SM stated the SC was alert when she went to sleep. The SF fed the SC again around 2:30AM and attempted to burp the SC but stated the SC did not usually burp. The SF stated he was sitting in bed with the SC on his shoulder. The SF reported falling asleep for approximately 10 minutes and waking up at 4:00AM. The SF then placed the SC in the bassinet, swaddled with a light fleece blanket. The SC was wearing a onesie under the swaddle. The SF stated the only items in the bassinet were the SC's bottle and pacifier. The SF denied co-sleeping with the SC and reported the SC was alive when he placed the SC in the bassinet. The SF awoke around 7:42AM and observed the SC unresponsive, limp, blue in color, and with blood in his nose and formula on the side of his mouth. The SM was awoken by the SF screaming that the SC had blood in his nose. The SF picked the SC up, ran outside, and called 911 while the SM called the MGM, who lived across the street. The MGM met the SF outside and began CPR on the SC until EMS arrived, and continued life-saving efforts. The SC was transported to the hospital where he was pronounced deceased. The MGM was interviewed and denied knowledge of what happened to the SC prior to meeting the SF outside to perform CPR. The SS was sleeping over at the MGM's home the night of the fatality and was not present for the incident; therefore, had no additional information.

LE notified NCDSS that there were some discrepancies related to the SF's recollection of events. LE reported there was blood found on the SF's shirt and that the pooling of the SC's blood was on the SC's face, chest, and legs which would indicate the SC died face-down. When LE asked the SF, the SF's response was unclear and there was no further discussion documented with the SF about these discrepancies. NCDSS spoke to the ME about these concerns. The ME reported that pooling can move during life-saving efforts and would not say definitively at that time if the SC died face-up or face-down. The ME also stated there was no indication the SC was swaddled too tight, or that the condition of the home or the parents' marijuana use contributed to the SC's death.

The SM and SF denied any medical concerns for the SC. NCDSS obtained medical records from the SS and SC's pediatrician. The SS needed a wellness exam, and NCDSS spoke with the SM about ensuring this was completed. NCDSS received medical records for the SC, which noted no concerns; however, the record did not reflect that NCDSS contacted the pediatrician to discuss if the parents were advised to swaddle the SC, despite the supervisory directive to do so. The SM and SF both reported that they were advised by the pediatrician to swaddle the SC due to the air conditioner being on in their bedroom.

During the initial home visit, the home was determined to be a health and safety hazard for the SS. It was noted that the SC's bassinet had a dirty sheet, and his crib was full of clothing and other miscellaneous items almost to the ceiling. The SF denied the SC used his crib. The SS temporarily stayed with the MGM while the parents addressed the condition of the home. Once the condition of the home improved, the SS returned to the SM's home. NCDSS spoke to familial collaterals, including the SS's father, who had no concern for the care of the SS or SC in the care of the SM and SF. The SS was assessed to be safe.

**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

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** Nassau County referred this fatality to their OCFS approved Child Fatality Review Team.



## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065590 - Deceased Child, Male, 16 Day(s)	065591 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
065590 - Deceased Child, Male, 16 Day(s)	065591 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
065590 - Deceased Child, Male, 16 Day(s)	065592 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
065590 - Deceased Child, Male, 16 Day(s)	065592 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
065590 - Deceased Child, Male, 16 Day(s)	065591 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
065590 - Deceased Child, Male, 16 Day(s)	065592 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
065593 - Sibling, Male, 5 Year(s)	065591 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
065593 - Sibling, Male, 5 Year(s)	065591 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
065593 - Sibling, Male, 5 Year(s)	065592 - Father, Male, 30 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
065593 - Sibling, Male, 5 Year(s)	065592 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<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"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Explain as necessary:**

Upon receipt of the SCR report, the condition of the home was determined to be a health and safety hazard for the SS. A safety plan was put in place for the SS to remain with the MGM until the condition of the home was rectified. NCDSS made regular visits to follow up on the cleanliness of the home. The SM and SF cleaned the home, and the SS returned to their residence.

**Legal Activity Related to the Fatality**

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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

NCDSS referred the family to bereavement and MH services; however, at the time of case closure, it was unknown if the family would be engaging in services. The SM spoke to the SS's school to discuss the school providing the SS with additional counseling/support. The family received private assistance for funeral arrangements. NCDSS offered a referral for hoarding services, but the family refused.

**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:**

Bereavement services were offered on behalf of the SS. The SM reached out to the SS's school to provide the SS with counseling and additional support.

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

**Explain:**

Bereavement services were offered to the family and a referral for mental health evaluations was completed for both parents; however, it was unknown if the parents had followed through with services.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	No

### Infants Under One Year Old

**During pregnancy, mother:**

- |  |   |
|--|---|
| <input type="checkbox"/> Had medical complications / infections            | <input type="checkbox"/> Had heavy alcohol use  |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs    | <input type="checkbox"/> Smoked tobacco   |
| <input type="checkbox"/> Experienced domestic violence                     | <input type="checkbox"/> Used illicit drugs   |
| <input type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs  |
| <input type="checkbox"/> Used marijuana                                    | <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> With a positive toxicology     | <input type="checkbox"/> With fetal alcohol effects or syndrome                         |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none 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 was one unfounded case from 8/2018 with allegations of OTH against the SM and BF of the SS regarding the SS, due to a court-ordered investigation.

## Known CPS History Outside of NYS

There was no known history outside of New York State.



## 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