



## Report Identification Number: SY-17-022

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

Issue Date: Oct 27, 2017

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                             |                                             |                                       |
| 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                  |
| CPR-Cardiopulmonary Resuscitation                 |                                             |                                       |
| 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                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 13 day(s)

**Jurisdiction:** Oswego  
**Gender:** Male

**Date of Death:** 06/11/2017  
**Initial Date OCFS Notified:** 06/11/2017

## Presenting Information

An SCR report alleged on the morning of 6/11/2017, the 13-day-old SC stopped breathing and died suspiciously of cardiac arrest. The SC was not eating well on 6/8/2017, and began coughing for unknown reasons on 6/9/2017. On 6/11/2017, he began coughing up blood. The second time he coughed up blood, the parents called the primary care physician who directed them to the emergency room. The SC stopped breathing while the parents were getting ready to bring him to the emergency room, and they called 911. The reason for the death was unknown and unexplained; therefore, both parents were named the alleged subjects. The roles of the two SS, ages 2 and 4, were unknown.

## Executive Summary

Oswego County Department of Social Services (OCDSS) began investigating the death of the SC upon receiving the SCR report on 6/11/2017. OCDSS coordinated with LE and began a joint investigation. Both parents of the SC were named subjects of the report, due to the allegedly suspicious nature of the death.

OCDSS immediately began gathering information from the family and pertinent collateral contacts to learn the circumstances surrounding the death and assess safety of the two SS, ages 2 and 4. The family reported they were preparing to go to the hospital per the physician’s recommendation after the SC coughed up blood. The coughing up of blood occurred prior to unsuccessful feedings. During the time the family was preparing to leave, the SC became unresponsive and the SM called 911. The SC was transported to the hospital, where he later died.

OCDSS learned a substantial amount of information within the first 24 hours of receiving the report, and used that information to determine there were no safety concerns for either SS. This was due to the fact that medical professionals were attributing cause of death to the likelihood of an underlying medical condition. During this period, the ME provided a preliminary autopsy report which stated the SC was, “worked up for possible sepsis or inborn errors of metabolism. After several hours of resuscitation, he was placed on comfort care and died.” The ME Investigator told LE and OCDSS the preliminary autopsy findings were not indicative of abuse or maltreatment. Hospital records indicated no signs of trauma, and noted the SC appeared septic. Hospital staff further reported the parents were bedside the entire time and had appropriate reactions to the circumstances.

The SS were assessed to be safe remaining in the care of their parents throughout the length of the investigation. This decision was well-documented by OCDSS in progress notes and all required safety assessments, all of which were completed timely and documented contemporaneously.

Diligent efforts were made to collect information regarding the death, as well as other information as it pertained to the care of the SS. Based on information gathered, OCDSS appropriately concluded there was no credible evidence to substantiate the allegations against the parents regarding the SC. The report was unfounded and closed, after several services were offered to the family.

OCDSS received a copy of the final autopsy report after the investigation closed, and forwarded it to OCFS for the purpose of this review. The document stated the cause of death was septic complications of Adenovirus pneumonia, and the manner of death was natural.

## 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:

All safety assessments were completed timely and accurately. All casework activity was commensurate with case circumstances.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

### Explain:

OCDSS gathered a substantial amount of collateral information and learned there were no concerns from outside sources as to abuse or maltreatment of the SC or SS. Though the SM twice declined to be interviewed and there were no efforts to interview the SS, OCDSS had sufficient information upon which to base the safety of SS, and determine and close the case.

### 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: 06/11/2017

Time of Death: 07:31 PM



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

11:20 AM

**County where fatality incident occurred:**

Oswego

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

Yes

**Time of Call:**

11:21 AM

**Did EMS to respond to the scene?**

Yes

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: In car seat, following feeding.

**Did child have supervision at time of incident leading to death? Yes**

**Is the caretaker listed in the Household Composition? Yes - Caregiver 1**

**At time of incident supervisor was:** Not impaired.

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

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      | Male   | 13 Day(s)  |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 25 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 23 Year(s) |
| Deceased Child's Household | Sibling        | No Role             | Male   | 4 Year(s)  |
| Deceased Child's Household | Sibling        | No Role             | Male   | 2 Year(s)  |

### LDSS Response

OCDSS promptly responded to the fatality report and coordinated an investigation with LE. OCDSS commenced the investigation by diligently requesting documents and successfully gathered a substantial amount of information within the first 24 hours.

OCDSS learned circumstances leading up to the SC's death from the SF. Efforts were made to engage the SM in an interview, but she was observed to be distraught at each contact and would not consent to a discussion about the SC. On 6/12/2017, the SF informed the SC was fed the previous day at 3:45 AM, and spit up a small amount of blood. He had thought the SC choked a little bit, but the SC fell back asleep and slept until 7:00 AM. After waking, the SF tried to feed him, but efforts were unsuccessful. The SF spent time on the phone with a nurse from a medical advice line, a service offered through their insurance. He was advised to contact a physician. The pediatrician was called and advised the parents to take the SC to the emergency room. The parents were in preparation to leave for the hospital; the SC was in his car seat and the SF was installing the car seat base into the car. The SM informed the SF that the SC was not breathing. She immediately called 911; EMS and LE responded. The parents, as well as LE, described the SC's skin was bluish/gray. OCDSS learned the two SS were home at the time of the incident, and LE assisted getting the SS into the truck to leave for the hospital. No concerns were noted for the SS.



OCDSS observed the SS and their home environment within 24 hours. Based on that assessment, as well as information from collateral contacts concerning the likelihood of the medical nature of the death, the SS were determined to be safe. The SF was inquired of drug or alcohol use, to which he denied for himself as well as the SM. First responders did not note suspicion of parental impairment at the time of the incident.

The SF further reported within the three to four days preceding his death, the SC had begun coughing during feedings and was not eating the same amount of food. The parents had also switched formula brands in an effort to alleviate minor digestive issues within the first week of his life. The SC was not given any medications or remedies, and the parents appropriately sought medical advice on the date of the incident.

The family was referred to the CAC for grief-related services, and OCDSS documented discussions with CAC staff to coordinate services that could benefit the family.

OCDSS conferred with the ME and ME Investigator to learn the preliminary results, which appeared to indicate a medical cause and showed no signs of abuse or maltreatment. Hospital records noted similar suspicions of a medical condition. Eventually after the CPS investigation was closed, OCDSS received the final autopsy report which they had requested early in the investigation; the death was in fact concluded to be a result of a medical condition.

OCDSS gathered all necessary information upon which to base the determination of the report. OCDSS completed all required safety and risk assessments timely and accurately, and appropriately determined the report to be UNF. After services were referred, OCDSS' assessments reflected no reason for further CPS involvement, and the case closed.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical 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

**Comments:** The investigation was conducted by the OCDSS MDT.

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

**Comments:** The fatality was reviewed by the Oswego County Child Fatality Review Team.

### SCR Fatality Report Summary

| Alleged Victim(s)                      | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|----------------------------------------|-------------------------------------|-------------------------|--------------------|
| 041321 - Deceased Child, Male, 13 Days | 041322 - Mother, Female, 23 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 041321 - Deceased Child, Male, 13 Days | 041323 - Father, Male, 25 Year(s)   | DOA / Fatality          | Unsubstantiated    |
| 041321 - Deceased Child, Male, 13 Days | 041323 - Father, Male, 25 Year(s)   | Inadequate Guardianship | Unsubstantiated    |
| 041321 - Deceased Child, Male, 13 Days | 041322 - Mother, Female, 23 Year(s) | Inadequate Guardianship | Unsubstantiated    |



### 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Alleged subject(s) interviewed face-to-face?                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| All 'other persons named' interviewed face-to-face?                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Contact with source?                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| All appropriate Collaterals contacted?                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Was a death-scene investigation performed?                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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"/>            |

**Additional information:**

Diligent efforts were made to interview SM, though she declined. The SS were seen but it was unclear if efforts were made to elicit safety and risk related information with the SS who may have been developmentally able to be interviewed.

### 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 safety 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services?                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were appropriate/needed services offered in this case                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## 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"/> |
| <b>Explain as necessary:</b><br>No child needed to be placed at any point throughout the investigation.                                                                                         |                          |                                     |                          |                          |

## 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            | Needed but 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

**Explain:**  
Grief counseling through the CAC were offered, but were not known to have been used while the case was open.

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

**Explain:**  
Grief counseling through the CAC were offered, as well as burial assistance, but were not known to have been used while the case was open.

### History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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? Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**



Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

### CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

### CPS - Investigative History More Than Three Years Prior to the Fatality

There is no CPS history for the family more than three years prior to the fatality.

### Known CPS History Outside of NYS

A CPS history check was done in the state of North Carolina from where the family recently moved. This check revealed no history, and there is no known history elsewhere.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### 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