



Report Identification Number: SY-18-005

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

Issue Date: Aug 02, 2018

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		



Case Information

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

Jurisdiction: Cayuga
Gender: Male

Date of Death: 02/11/2018
Initial Date OCFS Notified: 02/12/2018

Presenting Information

On 2/11/18, an SCR report was received by Cayuga County Department of Social Services (CCDSS) about the death of the 1yo SC. The 1yo SC had been sick with flu like symptoms for approximately 5 days. The SC's symptoms became increasingly worse, however the parents failed to seek appropriate medical care. On 2/11/18, the SC stopped breathing and was transported to the hospital in cardiac arrest. Medical personnel attempted to resuscitate the SC. The SC passed away on 2/11/18. While EMS was at the home, the 5yo SS and the 2yo SS were evaluated and had flu like symptoms and their condition were deteriorating. These 2 SS were transported to the hospital for medical follow up. They had also been sick for 5 days with no appropriate medical care. The roles of the other 6 other SS were unknown.

Executive Summary

An SCR report and a duplicate report were received on 2/11/2018, with allegations of DOA/fatality, LMC and IG against the SF and the SM about the death of the 1yo SC. The SC had been sick for several days and the parents had not sought medical treatment. The SC died as the result of his illness. The 2yo and the 5yo SS had been sick as well and EMS evaluated them and transported them to the hospital for treatment. The parents gave permission for the 2 SS to be treated. Cayuga County Department of Social Services (CCDSS) initiated an immediate investigation that included contact with the source. SCR and criminal history checks were completed. CCDSS questioned the SF and the SM about drug or alcohol misuse. The parents denied any misuse of substances.

Within 24 hours of receiving the SCR report, CCDSS assessed the safety of the SS and requested that Onondaga County Department of Social Social Services (OCDSS) go out to the hospital to see the 2yo and the 5yo SS. CCDSS made a home visit and observed and spoke with the 6 remaining SS. There were no immediate safety concerns. CCDSS also observed the home and noted there were no fire alarms in the home. CCDSS offered to bring the family fire alarms. The parents declined as they do not believe in the use of any electronic devices. No other safety concerns were observed. CCDSS offered referrals for grief counseling. CCDSS filed an Article 10 neglect petition in Family Court to ensure the parents sought follow up medical treatment for the 2yo and the 5yo SS.

The ME's final autopsy report findings were the cause of death was respiratory failure-secondary to diffuse severe bronchopneumonia.

CCDSS substantiated the allegations of DOA/Fatality, LMC and IG against the parents for the SC. The allegations of LMC and IG were also substantiated against the parents for the 2yo SS and the 5yo SS. CCDSS documented that all three of the children had medical conditions that had been deteriorating. The parents failed to exercise a minimum degree of care, by failing to seek timely and appropriate medical care for the children, which led to the death of the SC. The SF told CCDSS he had no intentions of seeking medical care for the SC, despite being aware he was critically ill. The SF expressed the SC had suffered much of his life and he felt medical treatment would have prolonged the suffering. The 2yo and 5yo SS were evaluated by EMS at the home when they responded to the 911 call about the SC. These two children were transported to the hospital for treatment. The SF acknowledged he would have sought medical treatment for the SS at some point, but could not articulate when. The case was indicated and a Preventive Services case was opened for ongoing services.

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:

CCDSS made the appropriate determination based on the information gathered during the investigation.

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:

CCDSS filed an Article 10 neglect petition on 2/28/2018. The petition was filed so the parents would provide follow up medical care as needed. The parents fully cooperated with CCDSS and preventive services were opened to assist the family with services as needed.

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: 02/11/2018

Time of Death: 02:59 AM

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

Unknown



County where fatality incident occurred: Cayuga
 Was 911 or local emergency number called? Yes
 Time of Call: 02:20 AM
 Did EMS respond to the scene? Yes
 At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? Yes
 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	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)

LDSS Response

CCDSS conducted a joint investigation with LE. LE and EMS said that the SC had been sick for several days. The SC was transported to hospital and was pronounced dead. EMS evaluated the 2 SS in the home that were sick and determined they were in need of treatment. The parents allowed the SS to be taken to the hospital for treatment. LE said the 2 SS were treated for flu like symptoms and their oxygen levels were low. The 2 SS (2yo and 5yo) were then transferred to another hospital. The SF was at the hospital with the 2 SS. The SM was at home with the 6 remaining SS. CCDSS coordinated with OCDSS to see the 2 SS at the hospital. When OCDSS arrived at the hospital, they learned the parents had gone home but would return soon. OCDSS saw the SS and spoke with medical personnel and the SS were not being released from the hospital. The 5yo SS was in the pediatric ICU and was diagnosed with an illness and numerous viral infections. OCDSS observed that the 5yo SS was unable to ambulate on her own. The 2yo SS was diagnosed with an illness.



CCDSS made a home visit to the home to see the remaining SS to assess their immediate safety. CCDSS arrived at the home and the SF said they were getting ready to go back to the hospital. CCDSS explained they needed to see their home and assess the safety of the SS. There were numerous community members at the home assisting the family with the care of the SS. CCDSS observed the SS and they appeared well cared for. CCDSS was provided a tour of the home and there were no immediate safety concerns. CCDSS learned from the parents and community members that due to their cultural beliefs that they do not believe in traditional medicine and use homeopathic remedies. The SF signed releases for CCDSS to obtain medical records from the hospital for the SC and the 2 SS. The SF said they had been taking turns sleeping near the SC. LE told CCDSS the SM found the SC unresponsive at 2:00am and the SF went to a neighbor and called 911 and EMS arrived at the home at 2:39 and took the SC to the hospital where he was pronounced dead at 2:59am.

CCDSS made a follow up visit to the home to gather more information about the events leading up to the SC's death. The parents told CCDSS that the SC and the 2 SS had been sick for several days. The parents said they only use homeopathic remedies, oils and salves. The parents said the SC and the 2 SS were not eating but were drinking. The parents said they made sure they were drinking so they would not become dehydrated. The parents said that they thought the 2yo SS was getting better but the SC's breathing was shallow. The parents could not say at what point they would have sought treatment for the SS but said at some point they believe they would have.

CCDSS spoke with all appropriate collaterals and conducted follow up visits to the home. CCDSS ensured that the 2 SS were seen medically for follow up appointments after being released from the hospital. CCDSS filed an Article 10 neglect petition in family court so the parents would have the SS medically treated. CCDSS offered services to the family and the community.

The ME's final autopsy report findings were the cause of death was respiratory failure-secondary to diffuse severe bronchopneumonia.

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: Cayuga County does not have an OCFS approved CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046974 - Deceased Child, Male, 1 Yrs	046975 - Mother, Female, 41 Year(s)	Lack of Medical Care	Substantiated
046974 - Deceased Child, Male, 1 Yrs	046975 - Mother, Female, 41 Year(s)	DOA / Fatality	Substantiated
046974 - Deceased Child, Male, 1 Yrs	046975 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Substantiated



Child Fatality Report

046974 - Deceased Child, Male, 1 Yrs	046976 - Father, Male, 39 Year(s)	Inadequate Guardianship	Substantiated
046974 - Deceased Child, Male, 1 Yrs	046976 - Father, Male, 39 Year(s)	Lack of Medical Care	Substantiated
046974 - Deceased Child, Male, 1 Yrs	046976 - Father, Male, 39 Year(s)	DOA / Fatality	Substantiated
046977 - Sibling, Male, 2 Year(s)	046976 - Father, Male, 39 Year(s)	Lack of Supervision	Substantiated
046977 - Sibling, Male, 2 Year(s)	046976 - Father, Male, 39 Year(s)	Inadequate Guardianship	Substantiated
046977 - Sibling, Male, 2 Year(s)	046975 - Mother, Female, 41 Year(s)	Lack of Supervision	Substantiated
046977 - Sibling, Male, 2 Year(s)	046975 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Substantiated
046978 - Sibling, Female, 5 Year(s)	046975 - Mother, Female, 41 Year(s)	Lack of Supervision	Substantiated
046978 - Sibling, Female, 5 Year(s)	046976 - Father, Male, 39 Year(s)	Inadequate Guardianship	Substantiated
046978 - Sibling, Female, 5 Year(s)	046976 - Father, Male, 39 Year(s)	Lack of Supervision	Substantiated
046978 - Sibling, Female, 5 Year(s)	046975 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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"/>

Additional information:

The family is part of a religious/cultural community and their children attend school in their community. CCDSS spoke with the teachers at the community school.

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 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"/>



Explain as necessary:

CCDSS filed an Article 10 neglect petition in Family Court to have the parents obtain medical care for the SS. The SM and the SF cooperated with CCDSS and preventive services were opened to assist the Family. CCDSS was very respectful of the families culture and offered appropriate compromises when needed.

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:
02/18/2018	There was not a fact finding	There was not a disposition
Respondent:	046976 Father Male 39 Year(s)	
Comments:	CCDSS filed an Article 10 neglect petition in Family Court to have the parents seek medical treatment for the SS as needed. The parents cooperated with CCDSS and provided follow up treatment for the 2yo SS and the 5yo SS. A preventive services case was opened to assist the family.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
02/28/2018	There was not a fact finding	There was not a disposition
Respondent:	046975 Mother Female 41 Year(s)	
Comments:	See Above.	

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>				
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:

CCDSS set up follow up medical appointments for the 2yo SS and the 5yo SS. These were follow up appointments that were needed after the SS's were released from the hospital. CCDSS offered bereavement services for the SS. CCDSS filed an Article 10 neglect petition to have the parents seek medical treatment for the SS as needed. CCDSS was providing Preventive services for the family and the SS.

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

Explain:

CCDSS offered bereavement services for all family members. CCDSS filed an Article 10 neglect petition to ensure the family seeks medical treatment for the SS. CCDSS was providing Preventive services for the family and the SS.

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

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 history.

Known CPS History Outside of NYS

There was no known history outside of NYS.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No