



## Report Identification Number: SY-19-048

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

Issue Date: Feb 14, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

| Relationships                                     |   |                                       |
|---|---|---------------------------------------|
| BM-Biological Mother                              | SM-Subject Mother                           | SC-Subject Child                      |
| BF-Biological Father                              | SF-Subject Father                           | OC-Other Child                        |
| MGM-Maternal Grand Mother                         | MGF-Maternal Grand Father                   | FF-Foster Father                      |
| PGM-Paternal Grand Mother                         | PGF-Paternal Grand Father                   | DCP-Day Care Provider                 |
| MGGM-Maternal Great Grand Mother                  | MGGF-Maternal Great Grand Father            | PGGF-Paternal Great Grand Father      |
| PGGM-Paternal Great Grand Mother                  | MA/MU-Maternal Aunt/Maternal Uncle          | PA/PU-Paternal Aunt/Paternal Uncle    |
| FM-Foster Mother                                  | SS-Surviving Sibling                        | PS-Parent Sub                         |
| CH/CHN-Child/Children                             | OA-Other Adult                              |                                       |
| Contacts  |   |                                       |
| LE-Law Enforcement                                | CW-Case Worker                              | CP-Case Planner                       |
| Dr.-Doctor  | ME-Medical Examiner                         | EMS-Emergency Medical Services        |
| DC-Day Care                                       | FD-Fire Department                          | BM-Biological Mother                  |
| CPS-Child Protective Services                     |   |                                       |
| Allegations                                       |   |                                       |
| FX-Fractures                                      | II-Internal Injuries                        | L/B/W-Lacerations/Bruises/Welts       |
| S/D/S-Swelling/Dislocation/Sprains                | C/T/S-Choking/Twisting/Shaking              | B/S-Burns/Scalding                    |
| P/Nx-Poisoning/ Noxious Substance                 | XCP-Excessive Corporal Punishment           | PD/AM-Parent's Drug Alcohol Misuse    |
| CD/A-Child's Drug/Alcohol Use                     | LMC-Lack of Medical Care                    | EdN-Educational Neglect               |
| EN-Emotional Neglect                              | SA-Sexual Abuse                             | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter         | IG-Inadequate Guardianship                  | LS-Lack of Supervision                |
| Ab-Abandonment                                    | OTH/COI-Other                               |                                       |
| Miscellaneous                                     |   |                                       |
| IND-Indicated                                     | UNF-Unfounded                               | SO-Sexual Offender                    |
| Sub-Substantiated                                 | Unsub-Unsubstantiated                       | DV-Domestic Violence                  |
| LDSS-Local Department of Social Service           | ACS-Administration for Children's Services  | NYPD-New York City Police Department  |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care                        |
| MH-Mental Health                                  | ER-Emergency Room                           | COS-Court Ordered Services            |
| OP-Order of Protection                            | RAP-Risk Assessment Profile                 | FASP-Family Assessment Plan           |
| FAR-Family Assessment Response                    | Hx-History                                  | Tx-Treatment                          |
| CAC-Child Advocacy Center                         | PIP-Program Improvement Plan                | yo- year(s) old                       |
| CPR-Cardiopulmonary Resuscitation                 | ASTO-Allowing Sex Abuse to Occur            |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 6 day(s)

**Jurisdiction:** Onondaga  
**Gender:** Female

**Date of Death:** 09/26/2019  
**Initial Date OCFS Notified:** 09/26/2019

## Presenting Information

An SCR report was received with concerns that at approximately 2:00 AM on 9/26/19, the six-day-old subject child was in the care of her mother and father when the child went into full cardiac arrest. The child died as a result. There were no visible marks or bruises on the child's body and there were no known medical conditions.

## Executive Summary

This fatality report concerns the death of a six-day-old female subject child (SC) that occurred on 9/26/19. A report was made to the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother (SM) and father (SF). Onondaga County Department of Social Services (OCDSS) received the report and investigated the child's death. An autopsy was completed; however, the official cause and manner of death were not yet available at the time of this writing. A preliminary autopsy noted there were "no injuries or gross acute disease process" to explain the death.

At the time of the child's death, she resided with her mother and father. The child had a 5-year-old half sibling that resided with his biological mother, and of whom the child had never met. The investigation revealed the night prior to the child's death, the mother brought the child to sleep beside her on a couch in their home, and propped the child face up on a pillow. The mother also covered herself and the child with a blanket, but denied the blanket was near or around the child's face. Several hours later, the mother awoke beside the child and tried to rouse the child by rubbing her stomach; however, the child was pale and unresponsive. Emergency services were called, and the child was transported to the hospital where she was pronounced deceased.

From the time the investigation began to the time of its closure, OCDSS assessed the safety of the half-sibling and gathered information surrounding the family and the fatality from several collateral sources. It was determined the parents had been educated surrounding safe sleep practices on more than one occasion. OCDSS offered the family appropriate services in response to SC's death. The investigation remained open at the time of this writing.

## 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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**Explain:**

The investigation had not yet been determined at the time of this writing.

**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:**

The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

**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:** 09/26/2019

**Time of Death:** 02:01 AM

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

**County where fatality incident occurred:** Onondaga

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

**Time of Call:** 01:26 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:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

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

**How long before incident was the child last seen by caretaker?** 2 Hours

**At time of incident supervisor was:**

Drug Impaired  Absent



- Alcohol Impaired
- Distracted
- Impaired by disability

- Asleep
- Impaired by illness
- Other:

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

**Children ages 0-18: 1**

**Adults: 0**

**Household Composition at time of Fatality**

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      | Female | 6 Day(s)   |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 28 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 21 Year(s) |

**LDSS Response**

On 9/26/19, OCDSS received the SCR report regarding the death of SC, which occurred on that same date. OCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. OCDSS discovered SC was the only child that resided in the household.

On 9/26/19, OCDSS and LE assessed the family’s home; SM and SF were not present at the time. A Pack ‘n Play was observed with a baby blanket and other items inside. The couch where SC was found unresponsive was also observed. OCDSS spoke with the building manager prior to leaving and he expressed no concerns regarding the family.

On this same date, OCDSS met with SM and SF at a relative’s home. Although SF was present for the interview, SM led the conversation. SM reported SC awoke around 7:30 AM on 9/25/19 and was fussier than normal throughout the day. SM explained aside from that, nothing out of the ordinary occurred. SM explained around 10:00 PM that night, she placed SC in the Pack ‘n Play to sleep; however, SC began crying. SM stated after approximately 15 minutes, she brought SC onto the couch and placed her on a pillow. SM stated she laid beside SC and covered herself and SC with a blanket. SM explained the blanket was not near SC’s face at the time. SM reported around 11:00 PM, she felt SC moving around so she adjusted her and then fell back asleep. SM stated several hours later she awoke and rubbed SC’s stomach to wake her; however, SC did not wake up. SM explained she could not feel SC breathing so she screamed for SF, who was asleep on the floor beside the couch. SM said she called 911 and LE were the first to arrive. OCDSS inquired as to the position SC was found when SM awoke. SM stated SC was still lying on her back on the pillow, and the blanket was not covering her face. SM stated SC was healthy, but the pediatrician found a heart murmur at her appointment on 9/23/19. Both SM and SF reported safe sleep practices were discussed with them by medical staff; however, the staff did not say anything to them about sleeping with a baby on a couch. SF informed OCDSS and LE that he was on probation and provided OCDSS with the contact information for his probation officer. Both SM and SF denied current use of any alcohol or drugs. During this interaction, OCDSS learned SF had a 5yo son who resided with his biological mother. SF reported he did see this child occasionally and the last time he visited was 9/18/19.

On 9/26/19, OCDSS met with SF’s 5yo son at his school. The child appeared well and had no information surrounding the fatality; he reported he had not met his sister. The child did not report any safety concerns regarding SF or SM.

On 9/30/19, OCDSS observed the home of the 5yo half-sibling. The child’s mother was also interviewed at that time, and no concerns were noted. On this same date, OCDSS spoke with SC’s pediatrician regarding the health concern was



discovered. Medical staff noted this was found on 9/23/19, and SC was scheduled to return to the office regarding such on 9/27/19. Additional referrals regarding the the concern were not made at that time. Medical staff explained safe sleep practices were reviewed with both parents during that visit.

Throughout the investigation, OCDSS spoke with numerous collateral sources, including the ME, LE, EMS and SF's probation officer. LE found no criminality regarding SC's death. At the time of this writing, the fatality investigation remained open and ongoing, pending receipt of the final autopsy report.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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:** This fatality investigation was conducted by the Onondaga Multidisciplinary Team.

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

**Comments:** This fatality was reviewed by the Onondaga County Child Fatality Review Team.

### SCR Fatality Report Summary

| Alleged Victim(s)                       | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 052985 - Deceased Child, Female, 6 Days | 052986 - Mother, Female, 21 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 052985 - Deceased Child, Female, 6 Days | 052986 - Mother, Female, 21 Year(s) | Inadequate Guardianship | Unsubstantiated    |
| 052985 - Deceased Child, Female, 6 Days | 052987 - Father, Male, 28 Year(s)   | DOA / Fatality          | Unsubstantiated    |
| 052985 - Deceased Child, Female, 6 Days | 052987 - Father, Male, 28 Year(s)   | Inadequate Guardianship | Unsubstantiated    |

### CPS Fatality Casework/Investigative Activities

|   | Yes                                 | No                       | N/A                                 | Unable to Determine      |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| All children observed?                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 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 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:**

OCDSS interviewed the parents and appropriate collateral sources. Progress notes and other documentation were completed and entered timely.

**Fatality Safety Assessment Activities**

|  | Yes                                 | No                                  | N/A                      | Unable to Determine      |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: |                                     |                                     |                          |                          |
| Within 24 hours?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

**Fatality Risk Assessment / Risk Assessment Profile**

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

**Explain:**

OCDSS offered the family appropriate services in response to the SC's death.

**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:**

The surviving half-sibling did not need to be removed as a result of this fatality report.

**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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Housing assistance         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Foster care                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse    | <input 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"/> |



|   |                          |                          |                          |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Intensive case management</b>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**  
 OCDSS provided the parents with bereavement counseling referrals and information on assistance with funeral costs. The family declined the need for any further services.

**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:**  
 OCDSS provided referrals for grief and bereavement counseling to the mother of the half-sibling.

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

**Explain:**  
 OCDSS provided the parents referrals for grief counseling and bereavement services.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- Was the child acutely ill during the two weeks before death? No

### 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## 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

SF was indicated for IG in two reports from 2015 to 2016.



## Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

## Legal History Within Three Years Prior to the Fatality

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

## Recommended Action(s)

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

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