



Report Identification Number: SY-20-004

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

Issue Date: Jun 25, 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: 2 month(s)

Jurisdiction: Tompkins
Gender: Male

Date of Death: 02/16/2017
Initial Date OCFS Notified: 02/06/2020

Presenting Information

An SCR report received on 2/5/20, alleged the 2-month-old subject child was vaccinated on 2/14/18. In the days after being vaccinated, the child was not eating and was sleeping for abnormally long periods of time. The mother and father failed to seek medical attention for the child. On the evening of 2/15/18, the mother and father went to sleep around 10PM in the same bed as the subject child. Sometime between 4AM and 6AM on 2/16/18, the mother awoke to find the infant unresponsive and purple in color. The infant did not have any visible injuries to his body. EMS was called at an unknown time. EMS arrived and pronounced the child deceased in the home. The parents provided no explanation for the death. Additionally, there were concerns the mother and father were using a multitude of illicit substances. The parents engaged in substance abuse and domestic violence while caring for the 1-year-old and 1-week-old siblings.

Executive Summary

This fatality report concerns the death of a 3-month-old male subject child that occurred on 2/16/17. A report was made to the SCR on 2/5/20 with allegations of Inadequate Guardianship, Lack of Medical Care, Parent’s Drug/Alcohol Misuse, and DOA/Fatality against the mother and father regarding the subject child. There were concerns regarding the siblings who were born after the subject child’s death. At the time of the death, the subject child resided home with the mother and father. There were no other siblings or children in the home.

Tompkins County Department of Social Services (TCDSS) coordinated investigative efforts with law enforcement immediately upon receipt of the SCR report. TCDSS learned that the New York State Police investigated the death and closed their investigation on 9/1/17, finding no criminality. The mother did not have any CPS involvement as an adult, and she had no other children at the time of the subject child’s death. The father had another child that he did not have contact with and had never met. His rights to that child were terminated based on an abandonment petition filed in family court.

Through interviews with law enforcement, it was learned the child was seen by his pediatrician for a 2-month checkup the day prior to his death. The child received a series of vaccinations and was deemed healthy by the doctor. The child was placed in his bassinet at an unknown time on the evening of 2/15/17. The mother checked on the child by rubbing his cheek at 2AM. The mother reported the child was warm to the touch at that time. At 7:30AM the mother woke to find the child unresponsive in his bassinet. She and the father brought the infant to the room of another tenant, who called 911. First responders arrived and noted the child was already deceased as lividity and rigor mortis had set in.

From the time the investigation began to the time of its closure, TCDSS interviewed family members and numerous collateral sources. Law enforcement determined the death was not criminal and closed their investigation. The autopsy revealed no traumatic injuries were discovered. The cause and manner of death were undetermined as no anatomic cause of death was found after the autopsy and subsequent analysis. The allegation of DOA/Fatality was unsubstantiated as there was no evidence the parent's actions or inaction led to the child's death. Additional allegations of Inadequate Guardianship and Lack of Medical treatment were unsubstantiated. TCDSS learned from the family and collateral contacts such as family members, law enforcement, and medical staff that the parents took the child to the hospital and pediatrician when he was not feeling well. Further, when the child was found unresponsive, they took appropriate action by contacting emergency services.



TCDSS learned the mother and father were offered a multitude of services related to bereavement and grief support immediately following the death. Both parents declined utilizing the resources at their disposal. The mother was receptive to services following the current investigation and was on a waitlist for services 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? 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:

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:

Casework activity was commensurate with best casework practice as outlined in the CPS manual.

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: 02/16/2017

Time of Death: Unknown



Date of fatal incident, if different than date of death: 02/07/2020
Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: Tompkins
Was 911 or local emergency number called? Yes
Time of Call: Unknown
Did EMS respond to the scene? Yes
At time of incident leading to death, had child used alcohol or drugs? 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? 5 Hours

At time of incident supervisor was:

<input type="checkbox"/> Drug Impaired	<input type="checkbox"/> Absent
<input type="checkbox"/> Alcohol Impaired	<input checked="" type="checkbox"/> Asleep
<input type="checkbox"/> Distracted	<input type="checkbox"/> Impaired by illness
<input type="checkbox"/> Impaired by disability	<input type="checkbox"/> Other:

Total number of deaths at incident event:
Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)

LDSS Response

On 2/5/20, TCDSS received the SCR report regarding the child's death and immediately initiated their investigation. TCDSS contacted law enforcement, completed a CPS history check and confirmed the report with the source. It was learned the death occurred on 2/16/17 at the family's home. There were 2 siblings born after the subject child's death. The safety of the siblings was assessed, and it was determined they were safe in the care of their parents.

TCDSS reached out to several law enforcement agencies to determine who investigated the death. TCDSS learned the New York State Police investigated the child's death and had an investigation from 2/16/17 until the investigation closure on 9/1/17. TCDSS was provided a copy of the investigative narrative and autopsy report. The criminal investigation revealed there were no charges for the subject child's death. NYSPP reported the parents were not negligent and the autopsy listed the cause and manner of death as undetermined. The investigative narrative contained interviews with the parents



immediately following the child’s death. Both parents reported the child had been seen by the pediatrician the day prior to the death. The child received his 2-month-old immunizations and was deemed healthy. Nothing notable occurred the remainder of 2/15/17 or throughout the night. The mother checked on the child around 2AM and noted he was breathing and warm to the touch. When the mother woke at 7:30AM, she found the child unresponsive, with spit-up in the corner of his mouth. The father reported they did not have a phone and went to the neighbor across the hall, who called 911. The investigative narrative provided a description of the sleeping arrangements for the subject child. The narrative described a bedroom with a bassinet located at the end of the parent’s bed and appeared safe and appropriate for an infant.

TCDSS conducted an interview with the mother and father, who were no longer residing together and were no longer in a relationship. The parents had two children together, both born after the subject child’s death. The parents corroborated the information from the investigative narrative. The parents denied current allegations regarding substance abuse. The siblings were observed safe in the care of the parents. Neither parent was observed to be under the influence of any illicit substances. The parents also denied a history of domestic violence and were not in a relationship at the time of this writing. TCDSS discussed resources for the family. The mother reported she was referred to bereavement counseling and grief support groups immediately following the death but did not utilize the resources at the time. The mother denied having family or community supports thus TCDSS offered Family Support Services (FSS), to which the mother was receptive. At the time of this writing the mother was on a wait-list for FSS. The father denied a need for services.

TCDSS completed all necessary casework activity prior to making an accurate determination of allegations, then closed the investigation once all needed services were offered to the family.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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)?No

Comments: NYSP completed an investigation into the death, which was closed on 9/1/17. TCDSS was not involved in the investigation as an SCR report was not registered. The DA's office was not notified at the time of death at the discretion of NYSP.

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

Comments: There is no OCFS approved Child Fatality Review Team in Tompkins County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054221 - Deceased Child, Male, 2 Mons	054222 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
054221 - Deceased Child, Male, 2 Mons	054222 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
054221 - Deceased Child, Male, 2 Mons	054222 - Mother, Female, 22 Year(s)	Lack of Medical Care	Unsubstantiated
054221 - Deceased Child, Male, 2 Mons	054222 - Mother, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated



Child Fatality Report

054221 - Deceased Child, Male, 2 Mons	054223 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
054221 - Deceased Child, Male, 2 Mons	054223 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
054221 - Deceased Child, Male, 2 Mons	054223 - Father, Male, 26 Year(s)	Lack of Medical Care	Unsubstantiated
054221 - Deceased Child, Male, 2 Mons	054223 - Father, Male, 26 Year(s)	Parents Drug / Alcohol Misuse	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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



Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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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 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:
A multitude of services were offered related to bereavement and mental health counseling.

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:
There was no removal of the siblings.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality



Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Family Support Services

Additional information, if necessary:

The death occurred two years ago and it is unknown what services were utilized at that time. The mother reported she had referrals for bereavement counseling and support groups at the time of death. TCDSS offered the mother a referral for Family Support Services to which the mother was receptive. At the time of this writing, the mother was on a waitlist for 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? N/A

Explain:

At the time of death, there were no siblings or other children in the home.

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

Explain:

TCDSS offered the parents a number of resources. The mother was receptive to services and was on a waiting list at the time of this writing.

History Prior to the Fatality



Child Information

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

There was no history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known history outside of New York.

Foster Care Placement History

The father was listed as the father of a child in foster care. The FSS was opened from July, 2012 until 12/31/15. The father's child was born in July, 2014. Paternity on that child was not established until June, 2015. Due to the father's lack of cooperation with LDSS, the department was never able to assess whether the father would be a safe and suitable resource for the child in foster care. The father's rights were thus terminated.

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