



## Report Identification Number: SY-21-028

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

Issue Date: Dec 14, 2021

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:** Oneida  
**Gender:** Female

**Date of Death:** 06/29/2021  
**Initial Date OCFS Notified:** 06/30/2021

## Presenting Information

On 6/27/21, an SCR report stated that the paternal grandmother was under the influence of an unknown substance while acting as the primary caregiver for the subject child. The grandmother placed the child on a couch with a pillow and did not check on her for six hours. When the grandmother checked on the child, she found her unresponsive. Emergency Medical Services were contacted and transported the child to the hospital. The child was subsequently transferred to another medical center and placed on a ventilator and medication. On 6/29/21, the child was pronounced brain dead, was removed from life support and passed away. On 6/30/21, an SCR report was received regarding the death.

## Executive Summary

On 6/30/21, Oneida County Department of Social Services (OCDSS) received an SCR report regarding the death of the 2-month-old female subject child that had occurred on 6/29/21. At the time of the death, the family had an open CPS investigation after the child became unresponsive while being babysat by the grandmother. The initial SCR report alleged concerns that the grandmother was under the influence of drugs while caring for the child. The child resided with her mother, father, aunt and cousins, ages 11 and 3 years old. OCDSS assessed the safety of the cousins and determined they were safe in the care of the aunt.

OCDSS collaborated investigative efforts with law enforcement and learned that on 6/27/21, the child was dropped off by the parents to the grandmother's home for an overnight visit. The grandmother was also babysitting two other unrelated children, ages 9 and 8 years old, and an uncle stopped by periodically throughout the child's overnight stay. The grandmother placed the child to sleep on her stomach on a couch and placed a blanket over the bottom half of her body. The 9-year-old child slept at the opposite end of the couch. The grandmother discovered the child the next morning on the floor next to the couch unresponsive. She called 911 and the child was transported to the hospital and placed on life support. The child was then transferred to another hospital for a higher level of care. On 6/29/21, the parents made the decision to remove the child from life support after she was determined to be brain dead and she passed away on the same day.

An autopsy was performed and the cause of death was unexplained sudden death of infant and the manner was undetermined. There were intrinsic and extrinsic factors identified as possible contributing factors to the death. The autopsy stated that while the placement of the child in an unsafe sleep environment raised the possibility of asphyxia as a cause of death, it could not be definitively proven based on the autopsy findings. The child's eyes and spinal cord were sent for examination due to concerns of non-accidental trauma. The results showed the child had a disruption of oxygen flow to the spinal cord and brainstem. The autopsy report stated that it was impossible to say what caused the decreased oxygen to the brainstem and spinal cord and the possibility of non-natural causes could not be excluded. In examining the eyes, it was determined the child had deep and superficial retinal hemorrhages in both eyes. Given the lack of acute or chronic injury to the child, the medical examiner reported it decreased the likelihood the hemorrhaging was caused by intentional harm. In addition, the autopsy revealed the child had a respiratory virus and multiple mutations in her genes that could have potentially caused issues with the child's heart and possibly contributed to the child's death.

Law enforcement investigated the death and it was unknown what the status of their investigation was at the time this report was written. OCDSS offered grief counseling and mental health counseling to the family. The allegations had not yet been determined and the CPS investigation remained open at the time this report was written.



## 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

OCDSS had not yet determined the CPS investigation at the time this report was written.

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:

Casework activity was commensurate with 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: 06/29/2021

Time of Death: 09:39 PM

Date of fatal incident, if different than date of death:

06/27/2020

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

Unknown

County where fatality incident occurred:

Oneida

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?** N/A

**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  
**How long before incident was the child last seen by caretaker?** 3 Hours  
**At time of incident was supervisor impaired?** Unknown if they were impaired.

**At time of incident supervisor was:**

- Distracted       Absent  
 Asleep       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	Aunt/Uncle	No Role	Female	29 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	No Role	Male	22 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	48 Year(s)
Deceased Child's Household	Mother	No Role	Female	25 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	11 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Female	3 Year(s)

### LDSS Response

OCDSS investigated the incident by searching SCR history and speaking to the source of the report, the grandmother, mother, father and other children. They made collateral contacts with family members, law enforcement and the pediatrician.

The mother and father were interviewed and reported they had no concerns for the grandmother. The parents stated she was not a regular caregiver for the child, and the day of the incident was the second time the grandmother had babysat the child. The parents provided the grandmother with supplies for the child, including a basinet. The mother and father requested that the grandmother use the basinet and not put the child to sleep on the couch. The parents did not observe the grandmother to be under the influence of drugs or alcohol when they dropped the child off to her. The grandmother sent text messages to the parents throughout the day and stated there were no concerns with the child, other than some difficulties getting her to fall asleep. The parents were aware of safe sleep guidelines and had safe sleep provisions for the child at their home.



The grandmother was interviewed and reported that the child typically slept at her home one to two times per week. When the parents dropped the child off, they would normally bring a Boppy Pillow and the grandmother would place the child to sleep on the couch on the pillow. On 6/27/21, the grandmother had difficulty getting the child to fall asleep, so she put her on the couch, and they watched television together until approximately 2:30AM. Once the child became sleepy, the grandmother put the child to sleep on the couch on her stomach and covered her bottom half with a blanket. The grandmother then put a pillow on the floor next to the couch in case the child fell. The grandmother reported she did not utilize the basinet because it was bulky, and she did not want to wake the child up by carrying it out to the living room. The grandmother used the bathroom around 5:30AM and the subject child and 9yo were asleep on the couch. The grandmother returned to her bedroom and went to sleep. At 8:00AM, the grandmother woke up and saw the child was on the floor next to the couch. The child was unresponsive, and the grandmother called 911 and initiated CPR. The grandmother reported a history of drug use but stated that she had five years of sobriety. OCDSS requested the grandmother take a drug screen; however, she refused.

OCDSS completed interviews at the Child Advocacy Center of the unrelated children who had slept at the grandmother's home with the subject child. Their mother reported no concerns with the grandmother's care of her children. The 9yo reported he had slept on the opposite end of the "L" shaped couch with the subject child. The 9yo woke around 5:30AM to use the bathroom and saw the subject child asleep on the couch. When he returned from the bathroom, the child was on the pillow on the floor. The 9yo did not report seeing the grandmother up using the bathroom at that time. The 8yo reported the grandmother had not consumed any alcohol or taken any drugs while they were at the home and the grandmother acted as she normally would. The 8yo was woken by the grandmother screaming and she saw the child was on the couch on her back and she was not moving. The grandmother tried to shake the child and spanked the child's butt. The 9yo checked for the subject child's pulse but could not find one.

OCDSS obtained records from the pediatrician. The child had been to the doctor four times since her birth. There was a concern noted at the child's appointments regarding a heart rhythm condition, which was to be monitored at subsequent appointments.

**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)?** Yes

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

**Comments:** OCDSS indicated in their 24-hour and 30-day fatality reports that the fatality would be referred to their OCFS approved Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058521 - Deceased Child, Female, 2 Mons	058526 - Grandparent, Female, 48 Year(s)	DOA / Fatality	Pending
058521 - Deceased Child, Female, 2 Mons	058526 - Grandparent, Female, 48 Year(s)	Inadequate Guardianship	Pending



# Child Fatality Report

058521 - Deceased Child, Female, 2 Mons	058526 - Grandparent, Female, 48 Year(s)	Internal Injuries	Pending
058521 - Deceased Child, Female, 2 Mons	058526 - Grandparent, Female, 48 Year(s)	Lack of Supervision	Pending
058521 - Deceased Child, Female, 2 Mons	058526 - Grandparent, Female, 48 Year(s)	Parents Drug / Alcohol Misuse	Pending

## 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" 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 record did not reflect that there were attempts made to speak with emergency medical services.

## 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

The Risk Assessment Profile had not yet been completed at the time this report was written.

### 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"/>

### 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



<b>Bereavement counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**

The family and unrelated children were offered bereavement and mental health counseling.

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

**Explain:**

The parents and grandmother were offered bereavement and mental health counseling. The parents declined the services and the grandmother reported she intended to enroll.

## 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? 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**

Between 2007 and 2018, the paternal grandmother had ten indicated CPS investigations and three unfounded CPS investigations. The substantiated allegations included inadequate guardianship, lack of supervision, lack of medical care, educational neglect, parent's drug alcohol misuse, child's drug alcohol misuse and inadequate food/clothing/shelter. The grandmother's history also included her children being placed in foster care and Neglect Petitions filed against her.

In 2014, there was one unfounded CPS investigation with allegations of inadequate guardianship and parent's drug alcohol misuse regarding the 10 year old cousin against his father. In 2018, there was one unfounded CPS investigation with allegations of educational neglect regarding the 10 year old cousin against his mother.

**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