



Report Identification Number: SY-23-019

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

Issue Date: Sep 26, 2023

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 had an open investigation or a CPS monitored services 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 | DA-District Attorney | |
| 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 | SXTF-Sex Trafficking |
| Miscellaneous | | |
| IND-Indicated | UNF-Unfounded | SO-Sexual Offender |
| Sub-Substantiated | Unsub-Unsubstantiated | DV-Domestic Violence |
| LDSS-Local Department of Social Service | ACS-Administration for Children's Services | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | COS-Court Ordered Services |
| OP-Order of Protection | RAP-Risk Assessment Profile | FASP-Family Assessment Plan |
| FAR-Family Assessment Response | Hx-History | Tx-Treatment |
| CAC-Child Advocacy Center | PIP-Program Improvement Plan | yo- year(s) old |
| CPR-Cardiopulmonary Resuscitation | | |



Case Information

Report Type: Child Deceased
Age: 8 day(s)

Jurisdiction: Tompkins
Gender: Female

Date of Death: 04/13/2023
Initial Date OCFS Notified: 04/13/2023

Presenting Information

The SCR report alleged that on 4/13/23, the subject child was found unresponsive with blood coming from her nose while in the care of the mother and father. The father fed the subject child a bottle of breast milk at approximately 9:30PM on 4/12/23 and the mother breast fed the subject child around 12:30AM on 4/13/23. The parents and surviving sibling were sleeping in bed with the subject child, creating an unsafe sleep situation. The father woke up around 4:40AM and noticed the subject child was unresponsive and had a sticky substance on her face. The father identified the substance as blood after taking the subject child to the sink to clean her face. The subject child had no other visible injuries. The father called 911 immediately and first responders arrived within minutes. Upon their arrival, no attempts were made to resuscitate the subject child, as rigor mortis already set in. The time of death was pronounced at 4:57AM.

Executive Summary

This fatality report concerns the death of the 8-day-old female subject child that occurred on 4/13/23. The SCR report contained allegations of DOA/Fatality and Inadequate Guardianship against the mother and father. At the time of her death, the subject child resided with her mother, father, and 3-year-old sibling.

Tompkins County Department of Social Services (TCDSS) completed casework and collateral contacts and learned that on 4/13/23, the father went to sleep in the parents' king-sized bed with the subject child face-up on his chest. The father awoke to find the subject child still on his chest but unresponsive with blood coming from her nose. The father woke the mother and brought the subject child to the kitchen. The father attempted cardiopulmonary resuscitation, sternum rubs, and patted the subject child's back while the mother called 911. Emergency medical services responded and attempted life-saving measures; however, efforts were terminated when it was determined lividity and rigor mortis had set in. The subject child was pronounced deceased at the family's home.

An autopsy was completed, and the final cause of death was listed as sudden death associated with an unsafe sleeping environment and the manner of death was undetermined. Law enforcement and emergency medical services noted the lividity indicated the subject child was on her back, but at an angle in which her feet were elevated higher than her head, resulting in blood pooling to the upper half of the subject child's body. The status of the law enforcement investigation was unknown, but no charges had been filed related to the subject child's death.

Bereavement services were offered to the mother and father. The father reported he was not ready to engage in counseling services but supported the mother in seeking services for herself. The mother was engaged in grief counseling at the time of case closure. The record did not reflect attempts to interview the 3-year-old sibling, despite that she was co-sleeping with the parents and subject child on the night of the fatal incident. The allegations were substantiated against the mother and father, due to the parents' regularly co-sleeping with the subject child placing her in an unsafe sleeping environment, including the night of the fatal incident resulting in the subject child's death. The sibling was deemed safe in the care of the parents. The CPS case was indicated and closed on 6/9/23.

PIP Requirement

This review resulted in a citation related to casework practice. In response, TCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the TCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, TCDSS will review the plan(s) and



revise as needed.

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:

TCDSS made an appropriate determination of the case based on evidence obtained during their investigation.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

Casework was not commensurate with case circumstances. TCDSS missed opportunities to interview the 3yo SS, who was co-sleeping with the parents and SC at the time of the fatal incident.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

| | |
|-------------------------|---|
| Issue: | Adequacy of face-to-face contacts with the child and/or child's parents or guardians |
| Summary: | The record did not reflect attempts to interview the 3yo SS who was co-sleeping with the SM, SF and SC on the evening of the fatal incident. The SS was noted to have a speech delay but also be "bright", engaged, and could spell age-appropriate words. |
| Legal Reference: | 18 NYCRR 432.1 (o) |
| Action: | TCDSS will make face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the |



allegations.

| | |
|-------------------------|--|
| Issue: | Timely/Adequate Seven Day Assessment |
| Summary: | The 7-Day Safety Assessment was completed untimely on 4/23/23. |
| Legal Reference: | SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c) |
| Action: | TCDSS will document and approve all Safety Assessments within the required timeframes. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/13/2023

Time of Death: 04:57 AM

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:

04:40 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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 | 8 Day(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 29 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 28 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 3 Year(s) |

LDSS Response

Upon receipt of the SCR report, TCDSS coordinated their investigation with LE, interviewed the parents, completed a CPS history check, contacted collateral sources, and assessed the safety of the 3yo SS.



TCDSS interviewed the SM and SF and learned that on 4/12/23 the SM fed and burped the SC around 9:30PM. The SM and SF were watching television in the living room and the SM stated she was going to bed. The SF reported he'd usually stay up playing video games to stay awake with the SC, but was exhausted and went to bed with the SM. The SF laid in the parent's king-sized bed and put the SC face-up on his chest. The 3yo laid in the middle and the SM laid on the other side of the bed. The SF fell asleep around 10:00PM and woke up to the SC fussing around 12:30AM on 4/13/23. The SM awoke to breastfeed the SC and offered to burp her if the SF was tired, but the SF stated he would burp the SC. The SF then put the SC next to him on the bed between himself and a body pillow that was against the wall. The SF reported that he "leaned over" the SC to make sure she did not roll. The SF stated the SC had a blanket up to her chest, but her arms were free. The SF awoke again and put the SC back on his chest, face-up. The record reflects that the SF had different accounts when speaking to LE, EMS, and TCDSS regarding the SC being on the bed or his chest when he noticed the SC was unresponsive. The SF reported to TCDSS that when he awoke, the SC was still face-up on his chest and when he went to move the SC, she did not respond to his touch. The SF felt something was not right and observed a sticky substance, which he later identified as blood, on her nose. The SF woke the SM and brought the SC to the kitchen. The SF made sure the SC's airway and nose were clear from obstruction and attempted life-saving measures including CPR, sternum rubs, and patting the SC's back. The SM called 911 and EMS responded to the home. Life-saving measures were taken over by first responders but stopped when it was determined the SC was deceased.

The record did not reflect the SS was interviewed despite her having shared a bed with the SM, SF, and SC on the night of the fatality. The SS was noted to have a speech delay but was also documented by TCDSS to be "bright", engaged, and able to complete age-appropriate tasks such as spelling. Collateral sources were interviewed and had no concerns about the parent's care of the SC or SS.

TCDSS completed home visits and observed the SC had safe sleep provisions in the home, including an empty bassinet. The SM and SF stated they were afraid to put the SC in the bassinet due to the SC's size and being afraid she was going to roll over and suffocate on the bassinet or a blanket. The SM and SF reported regularly co-sleeping with the SC and stated she would also sleep on their chests, a swing, or on a Boppy Pillow. The SM reported she ordered bumpers for the bassinet. The SM and SF confirmed the pediatrician and hospital where the SC was born reviewed safe sleep recommendations, which TCDSS also reviewed during their investigation.

The SC was seen by her pediatrician on 4/12/23 for a follow-up weight check and jaundice, which she had been diagnosed with at birth. The SC was documented to be a "lazy eater" by the pediatrician and regular weight checks were being completed. The SC was scheduled to follow up with the pediatrician on 4/14/23. The SC was prescribed vitamin D. The SM was induced with the SC at 37 weeks gestation due to umbilical restriction and the SC not obtaining enough nutrients. The SC had no other noted medical conditions.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

Comments: Tompkins County does not have an OCFS approved Child Fatality Review Team.



| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 064668 - Deceased Child, Female, 8 Days | 064669 - Mother, Female, 28 Year(s) | DOA / Fatality | Substantiated |
| 064668 - Deceased Child, Female, 8 Days | 064669 - Mother, Female, 28 Year(s) | Inadequate Guardianship | Substantiated |
| 064668 - Deceased Child, Female, 8 Days | 064670 - Father, Male, 29 Year(s) | DOA / Fatality | Substantiated |
| 064668 - Deceased Child, Female, 8 Days | 064670 - Father, Male, 29 Year(s) | Inadequate Guardianship | Substantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 attempts to interview the 3yo SS, who was co-sleeping with the parents and SC on the night of the fatal incident.

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:

TCDSS referred the SM to counseling services to address her on-going grief regarding 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 as a result of information uncovered during the fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain as necessary:

Although safety of the SS was assessed within 24 hours and regularly throughout the investigation, the 7-Day Safety Assessment was completed late on 4/23/23.

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:

Bereavement services were offered to the SM and SF. The record did not reflect that burial assistance was offered to the family.

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

Explain:

Due to the SSs age and lack of understanding surrounding the circumstances of the SC's death, there was no documented service need for the SS related to the fatality. The SS had not asked about the SC and did not appear in distress.

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

Explain:

Bereavement services were offered to the SM and SF. The SF determined he was not ready to engage in counseling but supported the SM in seeking counseling services for herself. The SM was engaged in grief counseling through a local MH facility.

History Prior to the Fatality



Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
 Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs |
| <input type="checkbox"/> Used marijuana | <input type="checkbox"/> Was not noted in the case record to have any of the issues listed |

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> With a positive toxicology | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none of the issues listed noted in case record |

CPS - Investigative History Three Years Prior to the Fatality

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

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

There was one Family Assessment Response report from 6/2019 when the SS was born with a positive toxicology for marijuana. The SM admitted to regular marijuana use while pregnant.

Known CPS History Outside of NYS

There was no known history outside of New York State.

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