

Report Identification Number: SV-14-026

Prepared by: Spring Valley Regional Office

Issue Date: 6/26/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

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
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
CPR-Cardio-pulmonary Resuscitation		
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	MN-Medical Neglect	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-Others	
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		

Case Information

NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 09/07/2014
Initial Date OCFS Notified: 09/08/2014

Presenting Information

A report was made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 09/07/2014, which alleged Inadequate Guardianship, and Inadequate Food/Clothing/Shelter, against the mother, maternal grandmother and maternal cousin on behalf of the 4-month-old subject child, the 14-year-old male, and 11-year-old female surviving half-siblings, and 3-year-old male surviving sibling. An allegation of DOA/Fatality was also alleged against the mother on behalf of the subject child. The report alleged the mother found the subject child in his bed at approximately 7:30 AM unresponsive, and not breathing. Medical Personnel was called and the subject child was taken to the hospital where he was pronounced dead. The subject child was noted to have been a healthy child and there was no explanation provided for his death. The home was noted to have limited food as there was no refrigerator, stove or electricity.

Executive Summary

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations, and coordinated their investigation with law enforcement. Appropriate collateral contacts were made, and pertinent information was obtained. SCDSS contacted medical professionals, first responders, and family members, and offered appropriate services for the family.

All Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case. The family was receptive to bereavement counseling referrals, and accepted aid through the Department of Social Services for funeral expenses for the subject child. Preventive Services as well as Substance Abuse counseling were offered to the family, however declined.

On 11/06/2014, SCDSS made the determination to substantiate the allegations of Inadequate Food/Clothing/Shelter and Inadequate Guardianship listed on the report against the mother, on behalf of the 3-year-old male surviving sibling. The basis for the determination was the condition of the home posing safety hazards to the 3-year-old surviving sibling, given his age and developmental stage. There was a pack of cigarettes, a small bag of marijuana, and a cigarette lighter noted on the night stand next to the bed within the 3-year-old's reach. The nightstand also had a lamp with an exposed bulb that would become very hot to the touch when on. Bottles of bleach were noted to have been on the floor of the home, and a dilapidated latex pool was found in the back yard the step-grandfather tripped over and hurt his leg, that the 3-year-old could have easily gotten trapped under. All other allegations listed in the report were unsubstantiated.

Pediatric records indicated no concerns in regard to the subject child nor the surviving siblings, excluding the 3-year-old's weight in which was addressed with the mother. The Medical Examiner noted the subject child to have been well developed and well-nourished with no identifiable disease processes or significant injuries. The cause of death was determined to have been Sudden Unexplained Infant Death and the manner of death was Undetermined (bed sharing with adult and sibling). The Medical Examiners ruling was not noted in the case record as the case was closed prior to the final autopsy report being issued. The Local Law Enforcement agency's investigation remained open at time the CPS investigation closed pending the final autopsy report. No criminal charges were anticipated.

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

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.

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: 09/07/2014

Time of Death: 08:16 AM

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 07:49 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

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

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

NYS Office of Children and Family Services - Child Fatality Report

How long before incident was the child last seen by caretaker? 3 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Grandparent	No Role	Male	63 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	57 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Other	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Other Household 1	Father	No Role	Male	47 Year(s)
Other Household 2	Father	No Role	Male	45 Year(s)

LDSS Response

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations, and coordinated their investigation with law enforcement. Appropriate collateral contacts were made, and pertinent information was obtained. SCDSS contacted medical professionals, first responders, and family members, and offered appropriate services for the family.

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NYS Office of Children and Family Services - Child Fatality Report

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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: SCSS worked in conjunction with Law Enforcement Officials to complete their investigation.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017581 - Deceased Child, Male, 4 Mons	017643 - Mother, Female, 33 Year(s)	DOA / Fatality	Unsubstantiated
017581 - Deceased Child, Male, 4 Mons	018001 - Other - Adult Cousin, Female, 39 Year(s)	DOA / Fatality	Unsubstantiated
017581 - Deceased Child, Male, 4 Mons	017584 - Grandparent, Female, 57 Year(s)	DOA / Fatality	Unsubstantiated
017581 - Deceased Child, Male, 4 Mons	017643 - Mother, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
017581 - Deceased Child, Male, 4 Mons	017643 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
017581 - Deceased Child, Male, 4 Mons	018001 - Other - Adult Cousin, Female, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
017581 - Deceased Child, Male, 4 Mons	017584 - Grandparent, Female, 57 Year(s)	Inadequate Guardianship	Unsubstantiated
018002 - Sibling, Male, 3 Year(s)	018001 - Other - Adult Cousin, Female, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
018002 - Sibling, Male, 3	018001 - Other - Adult Cousin, Female,	Inadequate Food / Clothing /	Unsubstantiated

NYS Office of Children and Family Services - Child Fatality Report

Year(s)	39 Year(s)	Shelter	
018002 - Sibling, Male, 3 Year(s)	017643 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
018002 - Sibling, Male, 3 Year(s)	017643 - Mother, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
018002 - Sibling, Male, 3 Year(s)	017584 - Grandparent, Female, 57 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
018002 - Sibling, Male, 3 Year(s)	017584 - Grandparent, Female, 57 Year(s)	Inadequate Guardianship	Unsubstantiated
018003 - Sibling, Male, 14 Year(s)	018001 - Other - Adult Cousin, Female, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
018003 - Sibling, Male, 14 Year(s)	017584 - Grandparent, Female, 57 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
018003 - Sibling, Male, 14 Year(s)	017584 - Grandparent, Female, 57 Year(s)	Inadequate Guardianship	Unsubstantiated
018003 - Sibling, Male, 14 Year(s)	017643 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
018003 - Sibling, Male, 14 Year(s)	017643 - Mother, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
018003 - Sibling, Male, 14 Year(s)	018001 - Other - Adult Cousin, Female, 39 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
018004 - Sibling, Female, 11 Year(s)	018001 - Other - Adult Cousin, Female, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
018004 - Sibling, Female, 11 Year(s)	017584 - Grandparent, Female, 57 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
018004 - Sibling, Female, 11 Year(s)	017584 - Grandparent, Female, 57 Year(s)	Inadequate Guardianship	Unsubstantiated
018004 - Sibling, Female, 11 Year(s)	017643 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
018004 - Sibling, Female, 11 Year(s)	017643 - Mother, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
018004 - Sibling, Female, 11 Year(s)	018001 - Other - Adult Cousin, Female, 39 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

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"/>

NYS Office of Children and Family Services - Child Fatality Report

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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

All appropriate collateral contacts were made.

Fatality Safety Assessment Activities

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

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

NYS Office of Children and Family Services - Child Fatality Report

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"/>

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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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	Needed but 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input 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"/>

NYS Office of Children and Family Services - Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Preventive Services

Additional information, if necessary:
 Bereavement Services, aid with funeral expenses, drug counseling and Preventive services were all offered to the family. SCDSS helped with the expenses of the funeral, and the family was receptive to bereavement services. Drug counseling and Preventive Services were declined by the family, however, as the family felt they did not need them.

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:
 Bereavement Services, aid with funeral expenses, drug counseling and Preventive services were all offered to the family. SCDSS helped with the expenses of the funeral, and the family was receptive to bereavement services. Drug counseling and Preventive Services were declined by the family, however, as the family felt they did not need them.

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

Explain:
 Bereavement Services, aid with funeral expenses, drug counseling and Preventive services were all offered to the family. SCDSS helped with the expenses of the funeral, and the family was receptive to bereavement services. Drug counseling and Preventive Services were declined by the family, however, as the family felt they did not need them.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input 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 checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

CPS - Investigative History Three Years Prior to the Fatality

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

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

A review of the current system of record indicated the maternal grandmother was named as an alleged subject in 32 prior reports between 1982 and 1992. All of the reports appeared to have been indicated, however it was unclear as to the specific allegations listed and who the case was indicated against as the cases pre-date the conversion to the current system of record. Additional details of the investigations were unavailable.

A case was called in to the SCR on 7/23/2003 alleging Inadequate Food/Clothing/Shelter and Inadequate Guardianship against the mother on behalf of the then 3-year-old male and 3-month-old female surviving siblings, as well as four other children noted as living in the home. During the investigation, the home was raided by the Police for drugs, and arrests were made upon finding marijuana in the home. The mother was not arrested. The home was noted to have been in deplorable condition. The allegations against the mother were indicated and the case remained open for services. The service case did not list the mother, nor her children, however did list the remaining children in the home at the time of the investigation. No one in the current investigation composition was listed on the service case.

Known CPS History Outside of NYS

None

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

- Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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