



Report Identification Number: AL-17-004

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

Issue Date: May 16, 2017

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	

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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Schenectady
Gender: Male

Date of Death: 01/24/2017
Initial Date OCFS Notified: 01/24/2017

Presenting Information

On 1/27/17 The SCR received a report regarding the death of the 6-month-old SC. The report stated, earlier that morning, at 8:00 a.m., the SC was found face down and unresponsive in a crib. SM and an unrelated home member delayed notifying Emergency Medical Services (EMS) by 47 minutes. After attempts of Cardio Pulmonary Resuscitation (CPR) proved unsuccessful, the SC was pronounced dead at the hospital at 9:38 a.m. The cause of death had been listed as cardiac arrest. The delay in notifying EMS is considered a contributing factor to the death. No marks or other injuries were noted on the SC's body. There are 3-year-old twin SS residing in the home. No concerns were noted regarding the SS.

Executive Summary

On 1/24/17 an SCR report was received, with allegations of DOA/Fatality, IG and LM against the SM and an unrelated home member (UHM) regarding the SC. The SC was found unresponsive in his bassinet by the SM the morning of 1/24/17. The SM woke up the UHM and told her the SC was not breathing and asked for her help. The UHM began CPR while the SM called 911. Emergency Personnel responded and continued CPR while transporting the SC to the ER. The SC was pronounced deceased at the hospital. The birth of the SC was premature, but he had no known medical conditions. The SM and the UHM gave accounts of what occurred leading up to the death of the SC, but the SM changed her account slightly when re-interviewed. The SM denied co-sleeping with the SC and reported she heard him making noises and breathing through the night before she fell asleep. The SM and UHM denied having any knowledge of what caused the death of the SC. The UHM reported she resided with the SM to help her care for the children, because the SM was ill and unable to manage on her own. The ME was notified of the SC's death and an autopsy was completed. The manner and cause of death were pending at the time of this report.

Schenectady County Department of Social Services (SCDSS) made an immediate safety plan that the SM would not be unsupervised with the twin SS. The SM and SS went to live with the MGF and his girlfriend. There was a concern that the SM was regularly giving the SS and the SC Nyquil each night so they slept. The SS were taken to the doctor and had drug testing done, days after the fatality. All the drug test results were negative for the SS. SCDSS made an additional plan with the SM that she would not administer any medications to the SS unless advised to do so by a doctor.

SCDSS worked with LE and medical professionals to gather pertinent information. LE took photos of the home and expressed concern regarding its condition at the time of the fatality. Several first responders further expressed concern to SCDSS regarding the SC being very small for his age. SCDSS enlisted the services of a Pediatric Specialist to review the medical records of the SC. Based on this review and interviews with the SM and UHM, the SC was not being fed enough food to provide adequate nutrition. SM was directed by a physician to have SC seen by an ophthalmologist, but SM failed to do so. As a result of those findings, allegations of LS and M/FTTH were added against the SM. SCDSS also learned the SM was misusing prescription medication and had a history of using illicit drugs. The SM also had a history of substance abuse and mental health concerns, and was not receiving treatment. SCDSS observed and documented that the SM was under the influence several times during their interactions with her. SCDSS appropriately added allegations of PD/AM against the SM for the SS and SC.



SCDSS provided the family with numerous services following the fatality and maintained frequent contact with SM and SS. SCDSS assisted with housing, food, mental health/counseling services and drug treatment for the SM. SCDSS also opened a protective daycare case for the SS and they were enrolled in nursery school. SCDSS had appropriately consulted their legal department and planned on filing a neglect petition against the SM. SCDSS opened a case for SM and the children at the conclusion of the CPS Investigation and continue to work with her and monitor her progress in treatment. At the time of this report, the aforementioned safety plan remained in place.

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? 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:

The case was opened for Preventive Services and the SM was cooperative with services. The SS attended Protective Child Care and the family continued to reside with the MGF and his girlfriend. The notes document a petition will be filed in Family Court to mandate the SM to successfully complete treatment and programs in which she was enrolled.

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: 01/24/2017

Time of Death: 09:38 AM

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



County where fatality incident occurred: SCHENECTADY

Was 911 or local emergency number called? Yes

Time of Call: 08:47 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

How long before incident was the child last seen by caretaker? 6 Hours

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

1

At time of incident supervisor was: Unknown if they were impaired.

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	6 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Female	31 Year(s)
Other Household 1	Father	No Role	Male	29 Year(s)
Other Household 2	Father	No Role	Male	33 Year(s)

LDSS Response

On 1/24/17, the SCR received a report with allegations against SM and an UHM regarding the death of the SC. SCDSS began the investigation by contacting LE, the source, Medical Personnel and observing LE interviews of both the SM and UHM.

The SC was found unresponsive in his bassinet between 7:30am and 8:30am by the SM. There were conflicting reports from the UHM and the SM of when he was last seen alive. The SM and UHM both reported the SC was put in the bassinet to sleep at 7:30pm the previous evening and never awoke in the morning. In a second instance, the SM reported she awoke at 4:00am to feed the SC and he was alive and well. In another version, the SM told the UHM she gave the SC a bottle



between 7:30am and 8:00am. The twin SS were sleeping in a bedroom in their cribs at the time of the fatality. The SM was sleeping on the couch next to the SC's bassinet. SM reports hearing him making noises throughout the night and until she fell asleep around 2:00am. The SC was put on his back to sleep but found lying on his side. The SC regularly rolled on his side while asleep. There were several blankets in the bassinet with the SC.

When the SM found the SC, she woke the UHM, who began CPR. The SM delayed calling 911, according to the UHM. The 911 call was made at 8:47am. Emergency medical personnel responded to the home and continued CPR. The SC was taken to the hospital and pronounced dead at 9:38am. There were no visible signs of injury or abuse to the SC. The SC was not on any prescribed medication, but was regularly given gas drops and Children's NyQuil, along with the SS to sleep at night. The SM denied ever co-sleeping with the SC and reported she had been given information on safe sleep. The BF was contacted and had no contact with the SC since 10/2016. The BF had a history of MH and drug use.

SCDSS found the SM was regularly taking prescription pain killers, but she denied she was ever impaired or purchased pills illegally. SM and UHM denied they were intoxicated the evening of the fatality. SCDSS observed the SM to be impaired by drugs during their investigation. The SM continuously tested positive for medications she was not prescribed. SCDSS made a safety plan that the SM could not be alone with the SS, and as a result the SM and the children lived at the MGF's home and visited the home of the MGM. The SS were taken to the doctor for physicals and toxicology testing days after the fatality, and no concerns were noted. The SS were enrolled in nursery school and protective daycare services arranged by SCDSS. SM admitted having an addiction to her prescription pain killers, as well as a significant MH history. The SM enrolled in SA and MH services. SCDSS continued to monitor her progress and continued discussions surrounding filing a neglect petition. At the time of this report, no criminal charges had been filed; the DA was awaiting the autopsy results.

The cause and manner of death were pending toxicology reports and other tests. The ME was initially concerned regarding the weight of the SC and questioned if malnutrition was an issue. SCDSS enlisted a pediatrician to review the records for a professional consult. The pediatrician concluded the SC's weight gain was inadequate for his age and although the SM was given explicit feeding instructions, the amount of food the SM reported she gave the SC did not provide adequate nutrition. SCDSS added allegations in regard to this issue, as well as allegations regarding the SS. The allegations of DOA/Fatality, IG, LM, LS, PD/AM and M/FTTH were all substantiated against the SM because there was evidence the SM failed to properly care for the children and used drugs regularly while caring for them. Another allegation of P/NX was also added against the SM regarding the SC, but was unsubstantiated because the blood test results were not back at the time the case was closed. All allegations against the UHM were unsubstantiated because there was no credible evidence.

Official Manner and Cause of Death

Official Manner: Pending
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 reviewed by an OCFS approved Child Fatality Review Team?No



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
035781 - Deceased Child, Male, 6 Mons	035801 - Unrelated Home Member, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
035781 - Deceased Child, Male, 6 Mons	035802 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
035781 - Deceased Child, Male, 6 Mons	035802 - Mother, Female, 30 Year(s)	Poisoning / Noxious Substances	Unsubstantiated
035781 - Deceased Child, Male, 6 Mons	035802 - Mother, Female, 30 Year(s)	Lack of Supervision	Substantiated
035781 - Deceased Child, Male, 6 Mons	035802 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
035781 - Deceased Child, Male, 6 Mons	035801 - Unrelated Home Member, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
035781 - Deceased Child, Male, 6 Mons	035802 - Mother, Female, 30 Year(s)	Malnutrition / Failure to Thrive	Substantiated
035781 - Deceased Child, Male, 6 Mons	035801 - Unrelated Home Member, Female, 31 Year(s)	Lack of Supervision	Unsubstantiated
035781 - Deceased Child, Male, 6 Mons	035801 - Unrelated Home Member, Female, 31 Year(s)	Lack of Medical Care	Unsubstantiated
035781 - Deceased Child, Male, 6 Mons	035802 - Mother, Female, 30 Year(s)	Lack of Medical Care	Substantiated
035781 - Deceased Child, Male, 6 Mons	035802 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated
035803 - Sibling, Female, 3 Year(s)	035802 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
035803 - Sibling, Female, 3 Year(s)	035801 - Unrelated Home Member, Female, 31 Year(s)	Lack of Supervision	Unsubstantiated
035804 - Sibling, Female, 3 Year(s)	035802 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
035804 - Sibling, Female, 3 Year(s)	035801 - Unrelated Home Member, Female, 31 Year(s)	Lack of Supervision	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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



petition in Family Court at any time during or after the investigation?				
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 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 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"/>

Explain as necessary:

A safety plan was put in place by SCDSS so that the SM would not be unsupervised with the SS. The SM and family members agreed with this plan and the plan continued at the close of the investigation. SCDSS CPS continued to monitor the SM and SS as they have an open Preventive Services case with the family.

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 SS were taken to the doctor for toxicology testing after the fatality. SCDSS assisted with enrolling and payment for the SS to attend daycare.

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

Explain:
The SM was referred to Mental Health and Drug and Alcohol counseling services. SCDSS also assisted with funeral arrangements and advocating for changes in housing as a result of the fatality. The other household member was also offered counseling services by SCDSS, but she had already been attending therapy.

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:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



Was not noted in the case record to have any of the issues listed

Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

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 in NYS within three years prior to the fatality.

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

There is no history in New York State meeting this criteria.

Known CPS History Outside of NYS

There is no known CPS History outside of New York State.

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.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Have any Orders of Protection been issued? Yes

From: 11/16/2016

To: 05/15/2017

Explain:

There was a stay away order of protection issued against the BF of the SC. It provided protections for the SM, SC and SS. The SM reported she had an argument with the BF over paying child support and the BF threatened to harm her and the children. The order was issued through Family Court.

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