



Report Identification Number: AL-21-008

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

Issue Date: Sep 07, 2021

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

| Relationships | | |
|---|---|---------------------------------------|
| BM-Biological Mother | SM-Subject Mother | SC-Subject Child |
| BF-Biological Father | SF-Subject Father | OC-Other Child |
| MGM-Maternal Grand Mother | MGF-Maternal Grand Father | FF-Foster Father |
| PGM-Paternal Grand Mother | PGF-Paternal Grand Father | DCP-Day Care Provider |
| MGGM-Maternal Great Grand Mother | MGGF-Maternal Great Grand Father | PGGF-Paternal Great Grand Father |
| PGGM-Paternal Great Grand Mother | MA/MU-Maternal Aunt/Maternal Uncle | PA/PU-Paternal Aunt/Paternal Uncle |
| FM-Foster Mother | SS-Surviving Sibling | PS-Parent Sub |
| CH/CHN-Child/Children | OA-Other Adult | |
| Contacts | | |
| LE-Law Enforcement | CW-Case Worker | CP-Case Planner |
| Dr.-Doctor | ME-Medical Examiner | EMS-Emergency Medical Services |
| DC-Day Care | FD-Fire Department | BM-Biological Mother |
| CPS-Child Protective Services | | |
| Allegations | | |
| FX-Fractures | II-Internal Injuries | L/B/W-Lacerations/Bruises/Welts |
| S/D/S-Swelling/Dislocation/Sprains | C/T/S-Choking/Twisting/Shaking | B/S-Burns/Scalding |
| P/Nx-Poisoning/ Noxious Substance | XCP-Excessive Corporal Punishment | PD/AM-Parent's Drug Alcohol Misuse |
| CD/A-Child's Drug/Alcohol Use | LMC-Lack of Medical Care | EdN-Educational Neglect |
| EN-Emotional Neglect | SA-Sexual Abuse | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter | IG-Inadequate Guardianship | LS-Lack of Supervision |
| Ab-Abandonment | OTH/COI-Other | |
| Miscellaneous | | |
| IND-Indicated | UNF-Unfounded | SO-Sexual Offender |
| Sub-Substantiated | Unsub-Unsubstantiated | DV-Domestic Violence |
| LDSS-Local Department of Social Service | ACS-Administration for Children's Services | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | COS-Court Ordered Services |
| OP-Order of Protection | RAP-Risk Assessment Profile | FASP-Family Assessment Plan |
| FAR-Family Assessment Response | Hx-History | Tx-Treatment |
| CAC-Child Advocacy Center | PIP-Program Improvement Plan | yo- year(s) old |
| CPR-Cardiopulmonary Resuscitation | ASTO-Allowing Sex Abuse to Occur | |



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Columbia
Gender: Female

Date of Death: 03/16/2021
Initial Date OCFS Notified: 03/16/2021

Presenting Information

Columbia County Department of Social Services (CCDSS) received a report from the SCR on 3/15/21 alleging that on 3/14/21, the mother and father brought the 1-month-old subject child to the emergency room because she was lethargic and not feeding well. A medical scan was conducted and it was determined the subject child had a brain bleed. There were no signs of trauma or fracture to her head. On 3/16/21, between 4:15PM and 4:30PM, the subject child died at the hospital. The cause of death was unknown.

Executive Summary

This report concerns the death of the one-month-old subject child. CCDSS received an initial report from the SCR on 3/15/21, the day after the subject child presented to the emergency room unresponsive. On 3/16/21, the child was taken off life support and pronounced dead at 4:17PM. CCDSS received a subsequent report from the SCR on the same day regarding the child's death.

The subject child resided at home with the mother, father and eight-year-old sibling. The sibling was assessed on 3/15/21 to be safe in the care of her maternal grandmother while the parents attended to the needs of the subject child.

The investigation revealed that on 3/14/21, the parents were concerned as the subject child had decreased activity, heavy breathing, and failed to appropriately latch while breastfeeding. The subject child was admitted to the hospital at 10:42PM on 3/14/21 after the parents transported her there in their own vehicle. Medical testing completed on 3/15/21 showed the subject child had a Cerebellar Hemorrhage with 4th Ventricular Interventricular Hemorrhage causing Hydrocephalus. The subject child was having seizures, hyponatremia, and bleeding diathesis; she was intubated at that time.

CCDSS completed a joint investigation with law enforcement and no criminal charges were filed. An autopsy was completed and there was a pathological diagnosis of jaundice, clinical intracranial hemorrhage, and healing scalp hematoma drainage incision. An internal autopsy was not completed at the parents' request. The autopsy summary stated: "Presence of jaundice along with clinical history and presentation is compatible with spontaneous intracranial hemorrhage secondary to vitamin K deficiency in newborn. Vitamin K deficiency is associated with development of obstructive jaundice. Vitamin K deficiency is further supported by history of parenteral vitamin K injection deferral after birth."

Medical records and the investigation revealed the mother had an in-home birth and the subject child had not been to a pediatrician. The parents referred to their midwife for medical/prenatal care and education. The subject child did not receive a Vitamin K injection following birth and was not up to date with the American Academy of Pediatrics immunization schedule.

CCDSS contacted collateral sources and determined there was credible evidence to substantiate the allegations of inadequate guardianship, lack of medical care, and internal injuries against the mother and father regarding the subject child. CCDSS determined there was credible evidence the parents did not meet a minimum standard of care for the subject child within commonly accepted societal norms. CCDSS learned the parents did not provide the subject child with necessary injections, screenings, and medical testing following her birth. Additionally, the investigation revealed the parents delayed seeking medical attention for the subject child after noticing her lethargy and failure to appropriately latch during feedings. The parents called collateral resources prior to seeking medical intervention for the subject child. CCDSS added the allegations of inadequate guardianship and lack of medical care for the eight-year-old sibling after their



investigation revealed the sibling had only been assessed medically on three separate occasions. The sibling was not up to date on well-child visits or vaccinations. The allegation of educational neglect regarding the sibling was added due to a concern the sibling was not enrolled in school. It was determined the sibling was being homeschooled for the 2020-2021 school year. The mother supplied current and retroactive quarterly reports which documented the sibling's education for the entirety of the 2020-2021 school year. The sibling had an approved individualized home instruction plan through her school district and continued to be home schooled. The sibling was seen by a pediatrician and the family was offered community-based grief counseling.

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:

CCDSS indicated and closed the investigation once regulatory requirements were completed and services were offered.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

Casework activity was commensurate with best casework practice and supervisory consultations were documented throughout the investigation.

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: 03/16/2021

Time of Death: 04:17 PM

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

03/14/2021

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

Unknown

County where fatality incident occurred:

Columbia

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Female | 1 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 41 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 23 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Female | 8 Year(s) |

LDSS Response

CCDSS received the initial report regarding the medical concerns of the one-month-old child upon presenting to the emergency room on 3/14/21. A fatality report was registered with the SCR on 3/16/21 once the child was taken off life support and died. CCDSS initiated the investigation immediately and assessed the safety of the surviving sibling within 24 hours of receipt of the report. CCDSS reviewed SCR history, spoke to the source, LE and DA's office, and met with the family.

Through interviews conducted with family members, it was learned the subject child was lethargic, not feeding properly,



and spitting up several days prior to her admission at the hospital. The mother and father made a telephone call to the midwife around 4PM on 3/14/21 to address concerns regarding the subject child’s lethargy and failure to feed. Later that evening, around 10:00PM on 3/14/21, the parents called a physician for a second opinion. The physician explained the severity of the situation and advised the parents to bring the subject child to the hospital immediately. The parents reported arriving at the hospital at approximately 10:30PM.

CCDSS spoke with multiple medical personnel and learned the cause of the subject child’s brain bleeding was due to Hemorrhagic Disease of a Newborn, as a direct result of the subject child having a Vitamin K deficiency from not receiving a Vitamin K injection at birth. As a result, the subject child was missing “clotting factors”; which resulted in her initially bleeding in the brain and then later bleeding in the lungs. Medical records reflected the subject child had a hematoma on her head from birth and it was unrelated to the bleeding she was suffering during her hospitalization.

During the investigation, CCDSS gathered information regarding the sibling’s lack of medical care. CCDSS learned the sibling had been to a primary care physician on 1/25/13, 12/19/18, and 8/1/20. The sibling was not up to date on wellness checks or immunizations. Upon CCDSS’ recommendation, the parents brought the sibling for a well-child visit. The sibling was deemed healthy and there were no significant concerns.

CCDSS determined the allegations after completing all regulatory requirements. The safety and risk assessments were fitting to the case circumstances. The parents were offered community-based services and began utilizing the referrals.

Official Manner and Cause of Death

Official Manner: Natural

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 057967 - Deceased Child, Female, 1 Mons | 057968 - Mother, Female, 23 Year(s) | Inadequate Guardianship | Substantiated |
| 057967 - Deceased Child, Female, 1 Mons | 057968 - Mother, Female, 23 Year(s) | Lack of Medical Care | Substantiated |
| 057967 - Deceased Child, Female, 1 Mons | 057969 - Father, Male, 41 Year(s) | Inadequate Guardianship | Substantiated |
| 057967 - Deceased Child, Female, 1 Mons | 057969 - Father, Male, 41 Year(s) | Lack of Medical Care | Substantiated |
| 057967 - Deceased Child, Female, 1 Mons | 057968 - Mother, Female, 23 Year(s) | DOA / Fatality | Substantiated |
| 057967 - Deceased Child, Female, 1 Mons | 057968 - Mother, Female, 23 Year(s) | Internal Injuries | Substantiated |



Child Fatality Report

| | | | |
|---|-------------------------------------|-------------------------|-----------------|
| 057967 - Deceased Child, Female, 1 Mons | 057969 - Father, Male, 41 Year(s) | DOA / Fatality | Substantiated |
| 057967 - Deceased Child, Female, 1 Mons | 057969 - Father, Male, 41 Year(s) | Internal Injuries | Substantiated |
| 057970 - Sibling, Female, 8 Year(s) | 057968 - Mother, Female, 23 Year(s) | Inadequate Guardianship | Substantiated |
| 057970 - Sibling, Female, 8 Year(s) | 057968 - Mother, Female, 23 Year(s) | Lack of Medical Care | Substantiated |
| 057970 - Sibling, Female, 8 Year(s) | 057969 - Father, Male, 41 Year(s) | Inadequate Guardianship | Substantiated |
| 057970 - Sibling, Female, 8 Year(s) | 057969 - Father, Male, 41 Year(s) | Lack of Medical Care | Substantiated |
| 057970 - Sibling, Female, 8 Year(s) | 057968 - Mother, Female, 23 Year(s) | Educational Neglect | Unsubstantiated |
| 057970 - Sibling, Female, 8 Year(s) | 057969 - Father, Male, 41 Year(s) | Educational Neglect | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional information:

Fewer than 10 of the 135 progress notes were entered more than a month after their event dates.

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:

CCDSS offered services related to grief and mental health counseling to the parents and provided referrals for the sibling. The parents were receptive to all offered services and were engaged in mental health services at the time the investigation closed.

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain as necessary:

There was no removal of the sibling as a result of the fatality report.



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 checked="" 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 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 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"/> |

Additional information, if necessary:

CCDSS provided referrals for community-based bereavement and mental health counseling. The parents were receptive and engaged in services at the time the investigation was closed.

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:

CCDSS offered services related to grief counseling to the parents for the sibling.

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

Explain:

CCDSS provided referrals for grief and bereavement counseling to the parents.



History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

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

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

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

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