



Report Identification Number: SV-19-023

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

Issue Date: Oct 23, 2019

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		



Case Information

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

Jurisdiction: Suffolk
Gender: Male

Date of Death: 05/27/2019
Initial Date OCFS Notified: 05/27/2019

Presenting Information

An SCR report alleged on 5/27/19, the father discovered his eight-month-old infant was not breathing. The infant was in the same bed as the father and two siblings. The father brought the infant out of the bedroom and to the grandmother, saying that he fell out of the bed and was not breathing. The uncle called 911. The infant was transported to the hospital and pronounced dead. The home was a health and safety hazard to the children and there were six adults and four children residing in a two bedroom apartment.

Executive Summary

On 5/27/19, the Suffolk County Department of Social Services (SCDSS) received an SCR report regarding the death of the eight-month-old male infant. At the time of the infant’s death, he resided with his mother and two siblings, ages five and three, in Brooklyn. The children visited their father every weekend in Suffolk County. The father resided with the paternal grandmother, three adult uncles and a 12-year-old uncle. The girlfriend of one of the uncles (other adult) spent the night on 5/26/19. The mother had two additional children, ages 11 and 10 years, who resided with their grandmother and often visited the mother’s home.

SCDSS coordinated investigative efforts with Suffolk County Police Department and New York City Administration for Children’s Services (ACS). It was learned on 5/27/19, the three children were visiting the father for the weekend. The father and children co-slept in a queen-sized bed and the grandmother, uncles, and another adult slept in the living room. The father awoke at 5:00 AM and discovered the infant was lying on his left side on the floor next to the bed, and he was unresponsive. The father picked up the infant and brought him to the grandmother, who performed CPR, and an adult uncle called 911. Law enforcement and EMS arrived and took over CPR. The infant was transported via ambulance to Southside Hospital, where he was pronounced deceased by the attending physician at 8:54 AM.

An autopsy was performed and the medical examiner reported there was a minor bruise on the infant’s forehead and there were no signs of disease or injury that would have led to his death. The final autopsy report was pending at the time this report was written. Hospital records listed the infant’s cause of death as Cardiopulmonary Arrest with a secondary diagnosis of Anemia and Metabolic Acidosis. Law enforcement found no criminality and closed their investigation with no charges filed.

SCDSS and ACS conducted home visits and assessed the siblings and 12-year-old uncle to be safe throughout the investigation. At the time the report was received, the father’s home was found to be cluttered, but it did not rise to the level of a health and safety hazard for the children. SCDSS interviewed all family members and multiple collaterals and no concerns were raised for the surviving children. The family was provided with beds for the children and bereavement services were offered and declined.

SCDSS unfounded and closed the investigation as there was insufficient evidence gathered that the father co-sleeping with the children led to the infant’s death.

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:

The case was appropriately unfounded and closed.

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.

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: 05/27/2019

Time of Death: 08:54 AM

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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

**Child's activity at time of incident:**

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

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

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

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- 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	Male	8 Month(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Other Household 1	Aunt/Uncle	Alleged Victim	Male	12 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Male	18 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Male	18 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Male	25 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	28 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	46 Year(s)
Other Household 2	Other Adult - 12-year-old Uncle's Father	No Role	Male	43 Year(s)
Other Household 3	Other Adult - Other Adult	Alleged Perpetrator	Female	24 Year(s)

LDSS Response

Upon receipt of the SCR report, SCDSS coordinated efforts with law enforcement, contacted the source of the report and searched SCR history.

Throughout the investigation, SCDSS assessed the father's home to be safe and ACS assessed the mother's home to be safe for the children.

Interviews were conducted with the mother, father, grandmother, uncles and another adult who was in the father's home on the night of the incident. The father and mother both stated that they co-slept with the children in a queen-sized bed. The infant had a crib at the father's home that was not utilized and the siblings did not have their own beds at either home. They said the infant was healthy and developmentally on target.



On 5/26/19, the father and children arrived home late at night and went to bed in the father’s bedroom. The rest of the adults and the 12-year-old uncle slept in the living room. The father slept in the middle of the bed, with the infant on his right side and the five-year-old sibling on his left side. The three-year-old sibling went back and forth between sleeping in the father’s bed (between the father and the infant) and on the couch throughout the night. At 2:00 AM, the grandmother entered the bedroom, turned off the air conditioner, then went back into the living room. The grandmother did not provide any additional details about what she observed in the room at that time.

When the grandmother returned to the living room, the three-year-old sibling woke up and went into the father's bedroom. The father awoke at 5:00 AM and the three-year-old sibling was sleeping on his right side, the five-year-old sibling was on his left side, and he did not see the infant. He got out of bed and saw the infant on the floor, lying on his left side with a blanket partially covering his body. The father picked up the infant, noticed he was unresponsive and pale, and he immediately sought help. The adults denied knowledge of how the infant got a bruise on his forehead and said he may have gotten it when he fell off the bed onto the floor.

The 12-year-old uncle reported he woke up to the father yelling and running into the living room with the infant in his arms, and he was pale and not breathing. ACS attempted to interview the 5 and 3-year-old siblings, and were unsuccessful. The 11 and 10-year-old siblings were interviewed and they had no concerns for their siblings. None of the children had any additional information about the infant’s death. The adults were educated about safe sleep and they were provided with beds for the children.

SCDSS spoke to law enforcement, hospital staff, school staff, the pediatrician, DA’s office, and the medical examiner. Information gathered supported that the infant had no injury or pre-existing illness that could have caused his death. There were no concerns expressed for the surviving children and they were assessed to be safe with their caretakers.

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

Comments: Suffolk county does not have an OCFS-approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051579 - Sibling, Male, 5 Year(s)	051583 - Aunt/Uncle, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051584 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051581 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



Child Fatality Report

051579 - Sibling, Male, 5 Year(s)	051582 - Grandparent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051584 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051581 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051585 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051588 - Other Adult - Other Adult , Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051588 - Other Adult - Other Adult , Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051582 - Grandparent, Female, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051585 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051579 - Sibling, Male, 5 Year(s)	051583 - Aunt/Uncle, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051588 - Other Adult - Other Adult , Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051581 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051581 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051583 - Aunt/Uncle, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051582 - Grandparent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051584 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051584 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051585 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051583 - Aunt/Uncle, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051588 - Other Adult - Other Adult , Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051585 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051580 - Sibling, Female, 3 Year(s)	051582 - Grandparent, Female, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051581 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051584 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



051586 - Aunt/Uncle, Male, 12 Year(s)	051584 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051582 - Grandparent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051588 - Other Adult - Other Adult , Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051582 - Grandparent, Female, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051585 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051583 - Aunt/Uncle, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051588 - Other Adult - Other Adult , Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051581 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051585 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051586 - Aunt/Uncle, Male, 12 Year(s)	051583 - Aunt/Uncle, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051588 - Other Adult - Other Adult , Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051581 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051585 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051582 - Grandparent, Female, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051581 - Father, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051584 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051582 - Grandparent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051581 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051584 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051588 - Other Adult - Other Adult , Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051583 - Aunt/Uncle, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051583 - Aunt/Uncle, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
051589 - Deceased Child, Male, 8 Month(s)	051585 - Aunt/Uncle, Male, 18 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

Reasonable attempts were made to interview the other adult and father of the 12-year-old cousin face-to-face, but were unsuccessful.

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"/>
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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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Beds were provided to the family and they were referred for bereavement services.

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

Explain:

The family was referred for bereavement services.

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

An SCR report dated 10/7/13 was unsubstantiated against the mother for the allegations of Inadequate Guardianship, Inadequate Food, Clothing, Shelter and Internal Injuries regarding the 11 and 10-year-old siblings.

An SCR report dated 8/5/13 was unsubstantiated against another adult for the allegations of Inadequate Guardianship and Inadequate Food, Clothing, Shelter regarding the 12-year-old cousin.

An SCR report dated 12/30/11 was substantiated against the paternal grandmother and another adult for the allegation of Inadequate Guardianship regarding the 12-year-old cousin.

Known CPS History Outside of NYS

There is no known CPS history outside of New York.

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

Additional Local District Comments

LDSS agrees with the summary of findings documented in the report and have no further comments.

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