

Report Identification Number: AL-16-025

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

Issue Date: Mar 23, 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: 4 year(s)

Jurisdiction: Schenectady
Gender: Male

Date of Death: 11/07/2016
Initial Date OCFS Notified: 11/07/2016

Presenting Information

On November 7, 2016 the SCR received a report that stated the SC was found unresponsive in the living room after SM put him to bed. The SM found the SC not breathing and then took him into the bedroom, where the SF then performed CPR. The SC could not be resuscitated and passed away. The SC had not been feeling well earlier, he had a slight cough and runny nose. The SM had given him a nebulizer treatment and cough syrup earlier in the day. The SC had medical issues since infancy. He was diagnosed with the following heart conditions: ventral septal defect, mitral insufficiency, and patent foramen ovale. SC had several heart surgeries as an infant. SC had not been to the cardiologist for a follow up appointment in three years. There was one younger SS. The SS was also born with congenital medical issues and required surgery as an infant.

Executive Summary

On November 7, 2016 an SCR report was received regarding the fatality of the 4-year-old SC. The allegations were IG and DOA/Fatality against the SM and SF. There was a younger SS. On the evening of the report the SF was visiting the home where the SM resided with the children. The SM, SF and SS were in a bedroom watching a movie while the SC was in the living room. The SC lain down on the couch and was watching television. The SM reported she had seen the SC moments before she heard him make a cough or gagging noise, causing her to get up and check on him. At that point he was unresponsive and 911 was called while the SF performed CPR. The SC was unable to be revived. The cause of death was determined to be a combination of subendocardial fibrosis (hardening of the heart) and focal bronchopneumonia. The manner of death was of natural causes. SCDSS spoke with both the medical examiner and the pediatric cardiologist, and it was determined that regular care of a cardiologist would not have necessarily detected or prevented the condition causing death of the SC. Law enforcement conducted an investigation into the fatality, and as a result, there were no criminal charges pursued against SM or SF as a result of the fatality.

SCDSS saw the SM, SF and SS within 24 hours of the fatality. At the meeting, SCDSS was concerned about the health of the SS, based on visible congestion and a known history of congenital problems. SCDSS then consulted with the SS's pediatrician and were advised he should go to the emergency room for his labored breathing. The SM and SF agreed to take him that evening and SCDSS was able to verify the child was taken for treatment. The SS was prescribed medication. SCDSS diligently followed up with the SM about the ongoing medical care of the SS, yet the SM consistently forgot to pick up medication or make necessary follow up medical appointments. SCDSS discovered a significant history of the SM not following through on medical appointments and treatment for both the SC and SS. The SM was evaluated during the fatality investigation and it was determined continued oversight and guidance of the family would be needed to assure the SM and SF continued to meet the needs of the SS. It was determined the SM lacked the insight and motivation to consistently get her surviving child the services necessary to maintain his health and safety. SM is the primary caretaker as the SF resides in another home. There was no documentation as to why the father was unable to see to the children's medical needs, only that he had not.

SCDSS provided the SM transportation to medical appointments during the open investigation. They also referred the SM and SF for counseling and assistance with the funeral costs. SCDSS also assisted the SM and SF with getting financial assistance to meet their daily needs. The allegation of DOA/Fatality was appropriately unsubstantiated. SCDSS did not have medical documentation to suggest the condition leading to the death of the SC could have been



prevented by the SM and SF. SCDSS indicated the allegation of IG against both SM and SF regarding the SC. SCDSS also added the allegation of LM for both SC and SS and indicated this, as well as IG for the SS. The medical documentation gathered during the investigation reflected the SM and SF did not meet the medical needs of the children, and they failed to provide a minimum degree of care. When the CPS investigation was concluded, SCDSS opened a Preventive Services case to continue to work with the family. A neglect petition was filed in family court against SM and SF regarding the SS on 1/9/17, the outcome is unknown at the time of this report.

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:

As a result of the CPS Fatality Investigation, a Preventive Services Case was opened and a neglect petition filed against SM and SF. SCDSS will work with the family to assist BM and BF engage in ongoing services relating to the health and well being of the SS.

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: 11/07/2016

Time of Death: 09:01 PM

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: 08:07 PM

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: Watching television

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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Stepfather	Alleged Perpetrator	Male	27 Year(s)

LDSS Response

When SCDSS received the report regarding the death of the SC on November 7, 2016, they immediately coordinated investigation efforts with law enforcement. SCDSS received copies of statements police had taken from first responders, the SM and the SF. SCDSS did a walk through of the home with the police. SCDSS assessed the safety of the SS at his PGM's home within 24 hours. Through discussion with the SM, SCDSS learned that the SS also suffered from a congenital condition, and also had surgery as an infant. In the first 24 hours SCDSS observed the SS to be ill and the SM reported he had been to the doctor recently for congestion. SCDSS called the doctor and was advised if the SS was still congested he should immediately be seen at the ER. SCDSS arranged a safety plan with SM and SF that they would sign all necessary medical releases and take the SS to the Emergency room for exam and treatment. SCDSS researched the heart condition affecting the SC and had numerous contact with medical providers. After much research it was determined that the SM had missed several medical appointments for both the SC and SS over the years, despite their need for ongoing medical consultations. SCDSS appropriately added allegations of medical neglect for both the SC and SS. SCDSS checked the CPS and criminal history for both the SM and SF. SM and SF were both drug tested due to a past history of drug and/or alcohol use. Both the SM and SF were negative for all substances. SCDSS had regular contact with the family and SS to continue to assess safety and well being. SCDSS assisted the SM and SF with making medical appointments for the SS and



reinstating medical insurance coverage. SCDSS filed a neglect petition against BM and BF at the end of the fatality investigation. SCDSS rightfully determined the SM and SF needed oversight to be sure the medical needs of the SS continue to be met.

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?No

Comments: There is no approved Child Fatality Review Team for the county.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032166 - Deceased Child, Male, 4 Yrs	032201 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
032166 - Deceased Child, Male, 4 Yrs	032201 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
032166 - Deceased Child, Male, 4 Yrs	032201 - Mother, Female, 26 Year(s)	Lack of Medical Care	Substantiated
032166 - Deceased Child, Male, 4 Yrs	033601 - Stepfather, Male, 27 Year(s)	Lack of Medical Care	Substantiated
032166 - Deceased Child, Male, 4 Yrs	033601 - Stepfather, Male, 27 Year(s)	DOA / Fatality	Unsubstantiated
032166 - Deceased Child, Male, 4 Yrs	033601 - Stepfather, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
033602 - Sibling, Male, 1 Year(s)	033601 - Stepfather, Male, 27 Year(s)	Lack of Medical Care	Substantiated
033602 - Sibling, Male, 1 Year(s)	032201 - Mother, Female, 26 Year(s)	Lack of Medical Care	Substantiated
033602 - Sibling, Male, 1 Year(s)	033601 - Stepfather, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
033602 - Sibling, Male, 1 Year(s)	032201 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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:

SCDSS made very diligent efforts to contact all medical collaterals to gather medical documentation after getting SM to sign releases of information. SCDSS also coordinated efforts with law enforcement.

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 petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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:

SCDSS filed neglect against the SM and SF regarding the SS. A Preventive case was opened for the family and SS's medical care will be monitored.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
01/09/2017	There was not a fact finding	There was not a disposition
Respondent:	032201 Mother Female 26 Year(s)	
Comments:	The petition was filed on 1/9/17.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
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01/09/2017	There was not a fact finding	There was not a disposition
Respondent:	033601 Stepfather Male 27 Year(s)	
Comments:	The petition was filed on 1/9/17.	

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: application for Medicaid and Temporary Assistance							

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? N/A

Explain:
The SS was only 1 year old at the time of the fatality. Appropriate steps were taken to ensure his safety, including guiding the parents in seeking appropriate medical care. The SS also had a congenital medical condition .

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



Explain:
SCDSS made a referral for grief counseling and also a voluntary agency to assist the family in reapplying for DSS benefits. SCDSS also assisted the SM in completing the necessary paperwork for assistance in paying for funeral arrangements.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
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?	Yes

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

SCR report on 6/14/13 with allegations of IG and I/F/C/S against the SM, in addition to other household (HH) members living in the home, regarding the SC and the SM's two younger siblings. A subsequent report was received on 7/26/13 alleging IG and PD/AM against SM. Reports were merged and all allegations were UNF and the INV CL on 7/31/16.

SCR report on 3/8/13 with allegations of IG, LM and PD/AM against SM and another HH member, regarding the SC. All allegations were UNF and the INV CL on 4/29/13.

SCR report on 7/3/10 with allegations of IG,FX and S/D/S against Parent Substitute (PS) and other adult HH members regarding PS's 7 month old child. All allegations were UNF and the INV closed on 12/20/10.

Known CPS History Outside of NYS

There is no known 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? 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