



Report Identification Number: SY-18-003

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

Issue Date: Jun 18, 2018

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: 1 year(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 12/18/2017
Initial Date OCFS Notified: 01/10/2018

Presenting Information

An SCR report was received with concerns the 1-year-old subject child, who was otherwise healthy, passed away on or about December 18, 2017 while in the care of his mother. The child had no previous medical conditions that would have caused his death. On the day he died, the mother was not providing adequate supervision for the child, and he was able to access a glue stick. The mother saw the child with the glue stick when he began to have trouble breathing. The child was taken to the hospital by ambulance, where he later died. There were further concerns the mother was suffering from mental health issues and abused alcohol while caring for the child and his three siblings.

Executive Summary

This fatality report concerns the death of a 1-year-old male child (SC) that occurred on 12/17/17. A report was made to the SCR on 1/9/18, with allegations of IG, LS, and DOA/Fatality against the child’s mother (SM). There were further allegations against the mother regarding the three surviving siblings: an 11-year-old male (SS1), an 8-year-old female (SS2), and a 7-year-old male (SS3). Onondaga County Department of Social Services (OCDSS) completed a thorough investigation into the child’s death. The final autopsy was not yet completed at the time of this writing, and the cause and manner of death remained pending.

The child was otherwise healthy with no preexisting medical conditions. At the time of his death, he resided with his mother and three siblings; the subject child’s biological father’s (BF1) whereabouts were unknown. It was further noted that the biological fathers of the siblings had no contact or visitation with their children. The siblings were spoken to and assessed several times throughout the fatality investigation, and no concerns were noted regarding their safety. None of the siblings could provide any information surrounding the death of their brother.

It was discovered on the evening of 12/17/17, the mother and all four children were at home; the children were playing and the mother was tending to chores around the house. The mother explained the subject child was going between the rooms where she and the siblings were, and at some point, he began “breathing weird.” The mother said she found the child holding a glue stick, and she immediately thought he was choking. Emergency services were called by one of the siblings, and the mother began chest compressions on the subject child. When first responders arrived, they transported the child to the hospital, where he was pronounced deceased. Medical professionals and the Medical Examiner noted there were no foreign objects found in the child’s body, and there was no indication his airway had been obstructed for any reason.

From the time the investigation began to the time of its closure, OCDSS met with and interviewed the mother and the surviving siblings, as well as the biological father of the eldest sibling. Further, OCDSS spoke with many collateral sources, assessed the home environment, and provided appropriate referrals for services in response to the fatality. There were no criminal charges pursued against the mother by law enforcement regarding the death of the subject child. OCDSS did not complete the 30-Day Safety Assessment nor 30-Day Fatality Report timely, and many progress notes were entered more than 30 days after their event dates. OCDSS addressed all the concerns received in the report, and found no evidence of maltreatment or abuse. OCDSS appropriately unsubstantiated the allegations and closed their investigation.

PIP Requirement



OCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. These PIP will identify what action(s) OCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS will review the plan(s) and revise as needed to further address on-going concerns.

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:

OCDSS gathered sufficient information to appropriately assess the safety of the SS prior to case closure.

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:

The level of casework activity was commensurate with the case circumstances. The decision to close the case was appropriate.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

| | |
|-------------------------|---|
| Issue: | Timely/Adequate 30-Day Safety Assessment |
| Summary: | The 30-Day Safety Assessment was not completed until 4 days after the date it was due. |
| Legal Reference: | CPS Program Manual, Chapter 6, K-2 |
| Action: | OCDSS must complete a safety assessment at 30 days for reports of a child fatality, unless there are no surviving siblings or children in the household. This is in addition to the 24-hour assessment, the |



initial 7-day assessment and the conclusion safety assessment that must be completed within seven days prior to closing the case.

| | |
|-------------------------|--|
| Issue: | The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment. |
| Summary: | The 30 Day Fatality Report was not completed until 4 days after the date it was due. |
| Legal Reference: | CPS Program Manual, VIII, B.2, p.4 |
| Action: | The 30-day Fatality Report must be documented in a template in Connections within 30 days of the receipt of a report alleging the death of a child because of abuse or maltreatment. |
| Issue: | Timely/Adequate Case Recording/Progress Notes |
| Summary: | Many progress notes were entered more than one month past event dates. |
| Legal Reference: | 18 NYCRR 428.5(a) and (c) |
| Action: | OCDSS will enter notes into the case record contemporaneously as events occur. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/18/2017

Time of Death: Unknown

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

Unknown

County where fatality incident occurred:

Onondaga

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?

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

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

Adults: 0

Household Composition at time of Fatality



| Household | Relationship | Role | Gender | Age |
|----------------------------|--------------------------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 1 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 31 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 11 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 7 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Female | 8 Year(s) |
| Other Household 1 | Father | No Role | Male | 33 Year(s) |
| Other Household 2 | Other Adult - SS1's BF | No Role | Male | 39 Year(s) |
| Other Household 3 | Other Adult - SS2 and SS3's BF | No Role | Male | 44 Year(s) |

LDSS Response

On 1/9/18, OCDSS received a report regarding the death of SC. OCDSS initiated their investigation within 24 hours and coordinated their efforts with their Multidisciplinary Team. OCDSS determined SC died on 12/12/17, and there were 3 SS that resided in the home with SM. On the date the report was received, OCDSS promptly went to SS2 and SS3’s school to interview them and assess their safety; no concerns were noted, and neither CH could provide any information surrounding SC’s death.

On that same date, OCDSS completed an initial home visit, assessed the environment, and interviewed SM. OCDSS was also able to speak with SS1. Although the home was messy, there were no hazards noted, and all the CHN were observed and deemed safe. The interview with SM revealed on the evening of 12/17/17, the CHN were playing and she was in and out of the living room and kitchen “taking care of the house.” SM reported all 3 SS were in one room, and SC was going between rooms. SM stated she heard SC’s breathing “sounding weird,” and when she checked on him, she noticed he was holding a glue stick. SM denied SC tended to put objects in his mouth, and recalled when she took the glue stick from him, it did not feel wet or like he had been chewing on it. SM stated she could not find her phone to call 911, and she began to panic. SM explained one of the SS found the phone and dialed 911. SM stated she performed CPR on SC until an ambulance arrived, and the ambulance transported SC to the hospital where he was pronounced deceased. SM explained hospital staff informed her nothing was found in SC’s throat or stomach that would lead anyone to believe he choked. She stated she was told SC died from an asthma attack, and that she had worried SC had asthma issues in the past but her pediatrician did not seem concerned.

Throughout the investigation, OCDSS made several attempts to gather information from the SS regarding the events leading up to SC’s death; however, none of the CHN could provide any further details due to becoming too upset when asked. OCDSS distinguished who each BF was, and SM reported none of the BFs visited with their CHN. OCDSS met face to face with BF2; he denied SS1 was his CH, and denied having any information to provide. OCDSS made several attempts to meet with BF3 to no avail, and BF1’s whereabouts were unknown, as he was said to be living out of state and had no contact with SM or SC.

Prior to case closure, OCDSS contacted an array of collateral sources, including LE, EMS, the ME, the SS’ schools, the pediatrician, SM’s MH provider, and family members. LE informed OCDSS that SM’s statements were consistent with what she informed the CW: There was an initial concern the SC may have been choking on an object, but this was later proven untrue. The pediatrician reported although SC did present with breathing issues at times, there was no indication he was suffering from asthma, and there were no other health concerns regarding the CH. The preliminary ME’s report noted no anatomic abnormalities or natural diseases seen, and no foreign objects were found in SC’s body; there was no evidence of an obstruction. OCDSS spoke with the ME, who further stated SC had no medical history or birth complications, but SC did suffer a skull fracture when he was an infant; this skull fracture was accidental from a fall, and would not have caused any complications or ongoing issues to SC.



The final autopsy results remained pending at the time of this writing. Appropriate services were offered to the family, and there were no criminal charges filed against SM. OCDSS found no evidence to support the allegations in the report, and therefore unfounded and closed the case.

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

Comments: This fatality investigation was conducted by the Onondaga County Multidisciplinary Team.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was reviewed by the Onondaga County Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--------------------------------------|-------------------------------------|-------------------------------|--------------------|
| 046161 - Deceased Child, Male, 1 Yrs | 046193 - Mother, Female, 31 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046161 - Deceased Child, Male, 1 Yrs | 046193 - Mother, Female, 31 Year(s) | Lack of Supervision | Unsubstantiated |
| 046161 - Deceased Child, Male, 1 Yrs | 046193 - Mother, Female, 31 Year(s) | DOA / Fatality | Unsubstantiated |
| 046161 - Deceased Child, Male, 1 Yrs | 046193 - Mother, Female, 31 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046197 - Sibling, Male, 11 Year(s) | 046193 - Mother, Female, 31 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046197 - Sibling, Male, 11 Year(s) | 046193 - Mother, Female, 31 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046198 - Sibling, Female, 8 Year(s) | 046193 - Mother, Female, 31 Year(s) | Parents Drug / Alcohol Misuse | Unsubstantiated |
| 046198 - Sibling, Female, 8 Year(s) | 046193 - Mother, Female, 31 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046199 - Sibling, Male, 7 Year(s) | 046193 - Mother, Female, 31 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 046199 - Sibling, Male, 7 Year(s) | 046193 - Mother, Female, 31 Year(s) | Parents Drug / Alcohol Misuse | 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Room Personnel | <input type="checkbox"/> | <input checked="" 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:

OCDSS contacted an array of collateral sources regarding the family and SC's death. OCDSS made attempts to obtain information from the hospital but were unsuccessful. OCDSS could not locate BF1.

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

Explain:
The 30 Day Safety Assessment was not completed timely.



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"/> |

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: No children were removed as a result of this fatality or for reasons unrelated. | | | | |

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 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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:
 OCDSS provided the family with referrals for grief and bereavement services, which were accepted. It was not known if the family had begun to engage by the time of case closure. SM was already receiving MH services prior to the fatality report, and also utilized family members as safety resources.

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:
 OCDSS provided SM with referrals for the children to engage in grief and trauma services.

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

Explain:
 OCDSS provided referrals for SM to engage in grief and trauma services. SM had mental health services in place prior to the fatality report, which she continued to engage in regularly.

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? No

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

11/2006: IND for LS, LF/C/S, and IG against SM regarding unrelated children.
 1/2007: UNF for IG and L/B/W against SM regarding an unrelated child.
 11/2007: UNF for IG, LS, PD/AM against SM and MGM regarding SS1.
 2/2008: UNF for IG, LS, PD/AM against MGM regarding SS1.
 4/2012: UNF for IG and IF/C/S against an unrelated adult regarding SS2 and SS3.
 10/2012: UNF for IF/C/S and IG against SM, MGM and two unrelated adults regarding SS1, SS2 and SS3.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Preventive Services History

From 11/2006 until 1/2008, SM was involved in a CPS services case after her significant other's CHN were removed and placed into foster care; SS1 was an infant at the time, and all resided in the same household. SS1 was not placed into foster care, and remained in the care of SM on the premise that SM and SS1 moved in with MGM. SM was monitored by CPS throughout the life of this case, and SS1 was deemed safe in the care of SM and MGM.

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