



Report Identification Number: AL-18-031

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

Issue Date: Mar 29, 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: 1 year(s)

Jurisdiction: Greene
Gender: Male

Date of Death: 11/24/2018
Initial Date OCFS Notified: 11/24/2018

Presenting Information

An SCR report alleged the 1yo SC, his 4yo SS and their parents resided in Virginia, and as of 11/21/18, they were visiting their grandparents in New York. On 11/23/18 at 8PM, the MGM put the SC to bed in a portable crib. She checked on him around 9PM and found him asleep on his stomach; she rolled him onto his back. The next day at 7:05AM, the SM went to wake the SC, finding him unresponsive and not breathing. SM immediately called 911 and SC was transported to the hospital where he was pronounced dead at 8:30AM. The SC had no known previous medical conditions and was otherwise healthy. His body was unremarkable with no signs of injuries or trauma. The cause of death was unknown; therefore, all 4 adults who were in the home between the time the SC was put to bed and the time he was found unresponsive were alleged subjects. The only object in the crib when the SC was found was a blanket. The grandparents' home was clean with no notable safety hazards. The role of the SS was unknown.

Executive Summary

This fatality report concerns the death of an 18-month-old child, who died on 11/24/18 at his grandparents' home where he was visiting with his parents and sibling. An SCR report was made on that date which alleged the death was suspicious of abuse or maltreatment since he was known to have been an otherwise healthy child.

Greene County Department of Social Services (GCDSS) investigated the death with the multidisciplinary approach alongside law enforcement. The circumstances surrounding the fatality were such that the child was placed to sleep for the night in a portable crib after an uneventful day, and was found unresponsive in the crib by his mother around 6:45AM the next morning. The maternal grandmother had put the child to sleep; the grandparents cared for the child and his 4-year-old sibling for approximately five hours while the parents visited friends the evening of 11/23/18. Upon finding the child unresponsive, the family attempted CPR and the father called 911. The child was transported to the hospital, where he was reportedly deceased upon arrival.

Upon thorough investigation, it was learned the child had no known preexisting medical condition that would have been suspected to have caused the death. The child's age, developmental level, and sleeping environment were such that an unsafe sleep fatality was not of concern. A medical examiner performed an autopsy, where it was immediately confirmed the child had no trauma to the head or bones. A toxicology report was later completed, which revealed nothing that could be attributed to the death. Further tissue samples were pending, and because there was nothing medically conclusive established regarding the cause of death at the time GCDSS was preparing to close the investigation, the allegation of DOA/Fatality was unsubstantiated. GCDSS also had no evidence that any of the caretaker's actions or inactions created circumstances of danger to the child's life or health; thus, the allegation of inadequate guardianship was also unsubstantiated against all adults.

GCDSS interviewed the 4-year-old sibling at the CAC on the date of the report, and nothing of concern was noted from the interview. GCDSS coordinated for CPS in the state of Virginia (where the family resided) to immediately visit the family and the home upon their return, which was shortly after the investigation began. GCDSS openly communicated with the out-of-state CPS agency, who opened a "family assessment" case and implemented their own precautionary safety plan. This plan included having a relative stay in the home to supervise the parents with the sibling until more information could be learned from the autopsy. Once the toxicology report came back negative, CPS in Virginia lifted the safety plan, as there was nothing conclusive indicating the subject child had been abused or maltreated; additionally, they had no concerns for the sibling's safety. Shortly thereafter, they ended their involvement and informed GCDSS.



GCDSS offered services to the family while they were in New York, including Mobile Crisis and counseling services. The family was also offered services by Virginia’s CPS agency once they returned home, but the family shared they had their own support system. GCDSS documented conversations with law enforcement and the medical examiner such that a new report was to be called in if anything suspicious of abuse or neglect was learned from the pending laboratory work. Law enforcement intended to keep their criminal case open pending final results of laboratory work; no arrests had been made at the time of this writing. GCDSS unfounded and closed the investigation once all activities were complete.

PIP Requirement

GCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) GCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, GCDSS will review the plan and revise as needed to address ongoing 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

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 decision to close the case was appropriate. There was documentation of supervisory consultation.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
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Summary:	The 7-Day Safety Assessment was completed two days past the deadline.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	GCDSS will complete and approve all safety assessments within the timeframes specified in statutory requirements.
Issue: A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.	
Summary:	The 24-Hour Fatality Report was completed in CONNECTIONS two months past the deadline.
Legal Reference:	CPS Program Manual, Chapter 6, K-1
Action:	GCDSS will complete and approve the 24-Hour Fatality Report within 24 hours of receipt of an SCR report alleging the death of a child as a result of child abuse or maltreatment.
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 completed in CONNECTIONS one month past the deadline.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	GCDSS will complete and approve the 30-Day Fatality Report within 30 days of receipt of an SCR report alleging the death of a child as a result of child abuse or maltreatment.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/24/2018

Time of Death: 08:23 AM

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

Unknown

County where fatality incident occurred:

Greene

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

How long before incident was the child last seen by caretaker? 10 Hours

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	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	57 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Male	58 Year(s)

LDSS Response

Immediately upon receiving the SCR report, GCDSS initiated essential investigatory activities including but not limited to: contacting the source of the report, coordinating with law enforcement, speaking with hospital staff, interviewing the family, assessing safety of the sibling, visiting the home, and reviewing databases for any potential CPS history (including in their state of residence).

In separate interviews with the mother, father, and grandparents, GCDSS learned the child was last seen alive by the grandmother at approximately 9PM on 11/23/18 when she checked on him, sleeping in his portable crib. She observed him sleeping on his stomach. At that time, the grandfather was watching television with the 4-year-old sibling. It was noted the home was at a reasonable temperature, and the child was placed to sleep with a blanket. Earlier in the evening, the child was given a bath by the grandmother, but she reported he did not ingest any water, nor did anything eventful occur. The parents had been at dinner and then a friend's home, after having left the grandparents' home around 5:30PM that night. The parents returned to the home at approximately 10:30PM that evening, but did not check on the children as they did not want to wake them. The mother went to check on the child around 6:45AM on 11/24/18 and observed the child face down, blue, and stiff. She immediately brought the child downstairs and the family attempted CPR while the father called 911. It was noted the child had no pulse. The family reported the child had acted normal all day.

The subject child was known to be healthy, and his pediatrician reported there were no medical or quality of care concerns for either child. The subject child was allergic to an antibiotic, but the family denied giving the child any medications or remedies in the time leading up to his death.

GCDSS inquired of all caretakers about drug and/or alcohol consumption on 11/23/18. GCDSS also spoke with the friends who visited with the parents that evening, who denied either parent was impaired. The mother and father stated they had a few drinks while out that night, and the mother took pain medication for tooth pain, but both denied impairment; further, neither provided any direct care to the children after they consumed alcohol. The grandmother said she drank one alcoholic beverage around 1:30PM on that date, and reported she was not impaired.

GCDSS offered services to the family and coordinated with CPS in Virginia to see that services were offered in their state of residence as well. The family declined the need for any additional services. GCDSS spoke with multiple family members, as well as the friends whom the parents visited the evening of 11/23/18. None of the collateral contacts had any concerns for the children or caretakers. GCDSS learned CPS in Virginia had no concerns for the sibling's home environment or the care being provided by his parents. GCDSS continuously coordinated and maintained contact with the out-of-state CPS agency and law enforcement to keep apprised as to medical findings and monitor the safety of the



surviving child. GCDSS sent letters to police and the medical examiner, communicating the importance of calling in another SCR report should the final findings of the autopsy be suspicious of abuse or maltreatment by a caretaker.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

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 OCFS-approved Child Fatality Review Team in Greene County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049401 - Deceased Child, Male, 1 Yrs	049404 - Grandparent, Female, 57 Year(s)	DOA / Fatality	Unsubstantiated
049401 - Deceased Child, Male, 1 Yrs	049402 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
049401 - Deceased Child, Male, 1 Yrs	049402 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
049401 - Deceased Child, Male, 1 Yrs	049404 - Grandparent, Female, 57 Year(s)	Inadequate Guardianship	Unsubstantiated
049401 - Deceased Child, Male, 1 Yrs	049403 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
049401 - Deceased Child, Male, 1 Yrs	049403 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
049401 - Deceased Child, Male, 1 Yrs	049405 - Grandparent, Male, 58 Year(s)	Inadequate Guardianship	Unsubstantiated
049401 - Deceased Child, Male, 1 Yrs	049405 - Grandparent, Male, 58 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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

Additional information:

The 7-Day Safety Assessment tool and both fatality reports (the 24-Hour and 30-Day Fatality Reports) were not completed within the required timeframes.

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: Counseling was offered, but the family reported having their own supports in place.				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:

Mobile Crisis was used on one occasion at the request of GCDSS, to check in with the family. The family declined services both in New York State and the state of Virginia.

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:
GCDSS had Mobile Crisis call the father on the night of 11/24/18 to assess if anything immediate was needed for the family; the father expressed no needs. Counseling was offered, though services were not utilized. GCDSS had CPS in Virginia offer services as well, though no services were utilized there either; the parents reported having their own support system.

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

Explain:
GCDSS had Mobile Crisis call the father on the night of 11/24/18 to assess if anything immediate was needed for the family; the father expressed no needs. Counseling was offered to all caregivers, though services were not utilized. GCDSS had CPS in Virginia offer services as well, though no services were utilized there either; the parents reported having their own support system.

History Prior to the Fatality

Child Information

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

CPS - Investigative History Three Years Prior to the Fatality

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

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

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

Known CPS History Outside of NYS



GCDSS requested historical CPS information regarding the family in their home state of Virginia. GCDSS was informed by the out-of-state agency that the family had no CPS history.

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