



Report Identification Number: SV-15-028

Prepared by: Spring Valley Regional Office

Issue Date: 1/5/2016

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
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	MN-Medical Neglect	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		

Case Information



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

Jurisdiction: Suffolk
Gender: Male

Date of Death: 05/16/2015
Initial Date OCFS Notified: 06/20/2015

Presenting Information

A report was made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 06/16/2015, which alleged Inadequate Guardianship, and DOA/Fatality against the mother and the father on behalf of the 1-month-old male subject child, and Inadequate Guardianship and Parent's Drug/Alcohol Misuse, against the mother and father on behalf of the 1-month-old female, surviving twin-sibling. The report alleged the subject child was healthy at the time of his death, and the parents have a history of drug and alcohol abuse and are often high and/or drunk while caring for the surviving sibling.

Executive Summary

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations listed on the report, and worked in conjunction with service providers within the community. All subjects and other persons named on the report were interviewed, and the allegations were discussed.

As per the parents, the subject child and the surviving twin sibling were put down to sleep, on their backs, in their respective bassinets at approximately 10:30 PM on 5/15/2015. The father fed the subject child at midnight and disclosed that he was so tired he did not remember burping him before he was returned to the bassinet. The surviving twin sibling woke up at approximately 3:00 AM on 5/16/2015 and the mother placed both the sibling and the subject child in the bed with the father while she went to make bottles. The father observed the subject child to have been "warm, and blue," and called for the mother. The mother came in the room and observed blood coming from the subject child's nose. The father ran the subject child to the paternal grandparents house which is located on the same property. Emergency Assistance (911) was called at 3:26AM. Detectives on the scene believed the mother and father to have been appropriately distraught and cooperative and stated no observation of the parents being under the influence of drugs and/or alcohol were noted.

The allegations on behalf of the sibling were addressed with the appropriate parties, and the sibling was assessed to have been clean, appropriately dressed for the weather and free of any marks and/or bruises during each visit. Appropriate provisions for the sibling were observed in both of the parents and paternal grandparents homes. The surviving twin sibling was determined to have been safe in the care of the parents.

On 08/11/2015, SCDSS made the determination to un-substantiate the allegations of DOA/Fatality Inadequate Guardianship listed on the report against the mother and father on behalf of the subject child. There was no credible evidence to support that either parent was under the influence of drugs and/or alcohol at the time of his passing. The allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse against the mother and the father on behalf of the surviving sibling were substantiated. The mother obtained a prescription for valium after the death of the subject child and admitted to relapsing on alcohol. The mother had returned to her outpatient substance abuse program but had presented positive for alcohol on more than one occasion. The mother had an intake appointment on 5/19/2015 for an outpatient substance abuse program and group sessions began on 6/1/2015. Since 6/8/2015, the mother tested positive for drugs and/or alcohol on 6 occasions before beginning an Intensive Outpatient Program on 7/10/2015. On 7/15/2015 she again tested positive for drugs and admitted to relapsing on alcohol and pills on



8/1/2015. The mother began inpatient treatment services on 8/6/2015 however; was discharged on 8/11/2015 as her insurance would no longer cover her to attend. On 8/13/2015, she was mandated by Suffolk County Family Court to attend inpatient. The father admitted to using marijuana and drinking alcohol while being a caretaker for the subject child and the surviving sibling and his toxicology screen taken on 7/9/2015 by the Suffolk County Family Court was determined to have been altered. The father went for a substance abuse evaluation on 8/6/2015 and a follow up on 8/13/2015 and tested negative for all substances. The case remained open for Court Ordered Services.

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:

All assessments and determinations accurately reflected the known circumstances of the case.

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 investigation stage of the case was appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/16/2015

Time of Death: Unknown



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

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 03:26 AM

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

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

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

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

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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	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	73 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	64 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Month(s)

LDSS Response

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations listed on the report, and worked in conjunction with service providers within the community. SCDSS did not work with local law enforcement officials on the case as the subject child passed away a month prior to the case being called in, and there were no criminal charges filed as a result. SCDSS did make collateral contacts with Local Law Enforcement Officials, first responders, the Medical Examiner, medical professionals and community resources. As of 6/23, the final autopsy was “pending further study” and the Medical Examiner noted there was no evidence a heart defect caused or was a factor in the subject child’s death. All subjects and other persons named on the report were interviewed, and the allegations were



discussed.

The safety to the surviving 1-month-old female twin-sibling was assessed and contact was maintained. All Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case. The case notes were well documented, detailed and contemporaneous. SCDSS filed a neglect petition in Suffolk County Family Court on 7/9/2015 on behalf of the surviving sibling after the mother relapsed on prescription medications . An Order of Supervision and an Order of Protection against the respondent mother to be supervised at all times while in the presence of the surviving sibling, and refrain from drug and/or alcohol use was issued by the Family Court Judge. Both the respondent mother and the father submitted to a toxicology screen, and the case was adjourned. On 7/17/15, the judge modified the order to include the respondent father refraining from drug and/or alcohol use as the court found both the respondent mother and respondent father’s toxicology screen to have been “altered.” The surviving sibling remained in the care of the respondent mother and was being supervised by both the maternal and paternal grandparents. On 8/13/2015, the Judge mandated the respondent mother to attend inpatient drug treatment services at the request of SCDSS and the respondent mother’s attorney. The next court date is scheduled for 9/15/2015 for Fact Finding.

There was documentation of a supervisory conference noted. The investigation was closed on 8/11/2015 and the allegations on the report were determined to have been appropriately indicated against the mother and the father on behalf of the surviving sibling, and unfounded against the mother and the father on behalf of the subject child. A Family Service Stage was opened on 8/6/2015 for Court Ordered Services.

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)?No
Comments: The subject child passed away on 5/16/2015. The CPS report was not called in until 6/16/2015. At the time of the death, no report was made to the New York Statewide Central Register of Child Abuse and Maltreatment, and no criminal charges had been filed.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No
Comments: Suffolk County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Table with 4 columns: Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Allegation Outcome. Row 1: 019722 - Sibling, Female, 1 Month(s); 019724 - Father, Male, 34; Inadequate Guardianship; Substantiated



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	Year(s)		
019722 - Sibling, Female, 1 Month(s)	019724 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
019722 - Sibling, Female, 1 Month(s)	019723 - Mother, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
019722 - Sibling, Female, 1 Month(s)	019723 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
019725 - Deceased Child, Male, 1 Month(s)	019723 - Mother, Female, 33 Year(s)	DOA / Fatality	Unsubstantiated
019725 - Deceased Child, Male, 1 Month(s)	019724 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
019725 - Deceased Child, Male, 1 Month(s)	019724 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
019725 - Deceased Child, Male, 1 Month(s)	019723 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

Multiple collateral contacts were made regarding the mothers substance abuse treatment program, and court mandates for inpatient services. Contact was also made with the pediatric medical personnel regarding the surviving sibling.



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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?				
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"/>

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:
07/09/2015	There was not a fact finding	There was not a disposition
Respondent:	019723 Mother Female 33 Year(s)	
Comments:	A neglect petition was filed in Suffolk County Family Court requesting a Temporary Order of Supervision, drug screens for both the mother and the father, and an Order of Protection stating the respondent mother has to be supervised at all times , and that both the respondents refrain from drug/alcohol use.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
07/09/2015	There was not a fact finding	There was not a disposition
Respondent:	019724 Father Male 34 Year(s)	
Comments:	A neglect petition was filed in Suffolk County Family Court requesting a Temporary Order of Supervision, drug screens for both the mother and the father, and an Order of Protection stating the respondent mother has to be supervised at all times , and that both the respondents refrain from drug/alcohol use.	

Have any Orders of Protection been issued? No

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

Other, specify: Court Ordered Services

Additional information, if necessary:
The mother was court mandated to attend an inpatient substance abuse program. Court Ordered Services were also put in place for the family.

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:
Court Ordered Services were put in place for the family upon the closure of the investigation.

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

Explain:
Court Ordered services were put in place for the family upon the closure of the investigation. The mother is also receiving inpatient substance abuse treatment.

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

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

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

There is no known CPS history on file for the family.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Services Open at the Time of the Fatality

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement 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