



## Report Identification Number: BU-18-014

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

Issue Date: Aug 21, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 3 month(s)

**Jurisdiction:** Niagara  
**Gender:** Female

**Date of Death:** 05/05/2018  
**Initial Date OCFS Notified:** 05/07/2018

## Presenting Information

An SCR report alleged that on 5/5/2018 at approximately 5:00AM, the 3-month-old SC was found unresponsive, lying face-up on the floor of her residence. The SC was found with a blanket in her mouth, and there was an imprint on her forehead from what appeared to be from a cushion, and lines on the right side of her face. The SF was in the home at the time, and there was no explanation for the cause of death at the time of the report. The role of the BM was unknown.

## Executive Summary

On 5/5/2018, an SCR report was made regarding the death of the 3-month-old SC. Aside from a description of how she was allegedly found – face up on the floor with a blanket in her mouth – there was no explanation for her cause of death.

Erie County Department of Social Services (ECDSS) began the investigation within 24 hours and coordinated with LE. Though the family resided in their jurisdiction, on the second day of the investigation the case was transferred to Niagara County Department of Social Services (NCDSS) due to a conflict of interest. Information from the first two days was shared, and NCDSS completed the remainder of the investigation in coordination with LE.

The SF was responsible for the SC's care in the 12 hours leading up to her death, as the BM worked from 7pm on 5/4/18 until 7am on 5/5/18. There were no other children in the home; the BF had a 11yo child who resided elsewhere with his mother, who as interviewed on 5/7/18 and no concerns were revealed. After initially providing a different account of the events leading up to the fatality, the SF made an admission which lead to a finding that he was responsible for the SC's death. There was no documented arrest related to the fatality, and the case record did not note whether LE's investigation remained ongoing.

The investigation revealed the SF was drinking alcohol prior to and while caring for the SC on 5/4/18. In the evening on that date, the SC was cared for by her maternal great-grandparents (MGGPs) for approximately 4 hours, in which time the SF consumed 4 alcoholic beverages while he was not with the SC. The MGGPs noted when SF came home, it appeared he had had a couple drinks but didn't look drunk. While home with the SC after the MGGPs left, he consumed 3 more alcoholic beverages. Around 11:30PM, SF took the sleeping SC out of the Rock 'N Play and placed her on his chest while he laid on the couch; he then fell asleep. When the SF awoke around 4:30AM and realized he was on his side, he saw the SC lying face down on the floor. When he picked her up, she was cold and blue. He initiated CPR, and called BM who instructed him to call 911. EMS responded and transported the SC to the hospital; she was pronounced deceased within minutes of arriving.

Though the autopsy report was still pending at the time of the determination, NCDSS gathered some credible evidence to substantiate all allegations against the SF. This was based upon interviews with family members and information from collateral contacts including EMS, the hospital, the pediatrician, and LE. NCDSS determined the SF's decision to drink alcohol and sleep with the SC placed her in immediate danger of serious harm, and ultimately resulted in her death.

The investigation revealed aggravating factors regarding this unsafe sleep-related fatality: The SF was under the influence of alcohol to the extent his judgment or physical ability was impaired; the physical condition of the sleeping area was unsafe to the infant; and, the size of the sleeping surface in relation to the SF and the surroundings created an unsafe condition. In addition to the aggravating factors, there was impairment to SC – her death. SC was found face-down on the



floor, and it appeared her airway was obstructed.

NCDSS offered bereavement services to the family, which BM accepted and in which SF said he was interested. Despite concerns revealed for SF’s history of alcohol abuse, SF was not offered information on substance/alcohol Tx, though it may have been beneficial. After completing the investigation, NCDSS closed the case.

### PIP Requirement

NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS 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:

Casework activity was commensurate with case circumstances, and it was appropriate to close the case.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The 7-day safety assessment was completed 9 days late.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)



**Action:** NCDSS will complete all safety assessments in accordance with statutory requirements.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 05/05/2018

**Time of Death:** 05:36 AM

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

Unknown

**County where fatality incident occurred:**

Erie

**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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**How long before incident was the child last seen by caretaker?** 5 Hours

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 2

**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability

- Absent
- Asleep
- Impaired by illness
- Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)
Other Household 1	Other Adult - SS's BM	No Role	Female	28 Year(s)
Other Household 1	Sibling	No Role	Male	11 Year(s)



## LDSS Response

In the first 24 hours of the SCR report, ECDSS contacted the source, DA, ME investigator, LE, and EMS. In this time, ECDSS also checked Hx, made home visits, and conducted interviews with the BM and maternal relatives. On 5/7/18, the case was transferred to NCDSS as it was learned there was a possible conflict of interest. NCDSS promptly resumed the investigation and continued collaboration with LE.

On 5/7/18, NCDSS arranged to see and interview the 11yo SS, whose mother reported he did not visit SF much (about 3 times in the past year) and only visited him at the paternal grandparents' home. SS was interviewed and did not report anything of concern. He did not have knowledge of SF doing drugs or using alcohol. NCDSS discussed grief services with SS and his BM; he had already reached out to his school counselor. NCDSS observed SS's BM was pregnant, stressed the importance of safe sleeping, and provided information. NCDSS offered grief counseling to SC's parents; BM was already engaged, and SF was interested.

Between interviews with BM, SF, and MGGPs, the investigation revealed a timeline of events leading up to the death of SC. The following was learned: BM reported SF was sober when she last saw him at 5:30PM on 5/4/18, at which time he left the home. The MGGPs came over to watch SC while BM went to work, and remained there until SF returned home around 9:30PM. The MGGPs commented it appeared SF had consumed alcohol, but they noted he did not appear "drunk." SF later admitted he drank 4 shots of liquor beginning at 8:30PM while he was out of the home. When he returned and the MGGPs left, he drank 3 beers and was "tired" in the period before falling asleep. BM called SF around 10PM, at which point SF reported he was putting SC to bed and he would call her back, but never did. BM said it sounded like SF was under the influence of alcohol but he didn't sound "drunk." According to SF, the last time SC was seen alive, he took her out of the Rock 'N Play and placed her on his chest while he laid on the couch. He reported he fell asleep around 11:30PM with SC still on his chest. SF awoke around 4:30AM and realized SC was face down on the floor, describing that her face was flat to the ground. He initiated CPR when he realized she was not breathing, and called BM. BM told him to continue CPR and call 911. Though the concern for SF's alcohol use was identified, it was not apparent that NCDSS addressed whether alcohol abuse was a problem, in interviews with the parents.

SF admitted in a statement to LE that he lied in his initial account, having reported he found SC deceased in the Rock 'N Play. LE spoke to the alleged marks observed on SC's face: The Detective said the only marks observed were from the straps of the oxygen mask, and noted the autopsy showed SC had fractured ribs as a result of CPR. SC had 2 small hemorrhages in her neck that were not explained at the time. SC also had a hard piece of green plastic in her stomach, approximately 1.5" long. NCDSS attempted to get information from the ME, but it was reported the ME refused to provide the autopsy results to LE or CPS. NCDSS received the death certificate, but the cause and manner of death were noted as "pending."

The pediatrician was contacted and SC was healthy and up to date medically. The SC was not on any medications nor was given any prior to her death. The family acknowledged SC's usual sleep place was the Rock 'N Play, though there was an unused crib in the home. The parents reported it was a rule between them that they would not co-sleep, and said what happened was accidental, though it was not noted whether they had received safe sleep education prior to the fatality.

## 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 Erie County.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046945 - Deceased Child, Female, 3 Mons	046946 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
046945 - Deceased Child, Female, 3 Mons	046946 - Father, Male, 30 Year(s)	DOA / Fatality	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

All documentation was completed timely with exception of the 7-day safety assessment, completed 9 days late.

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



# Child Fatality Report

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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**Explain:**  
The 7-day safety assessment was completed 9 days late.

### Fatality Risk Assessment / Risk Assessment Profile

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

**Explain:**  
Some appropriate services were offered to the family; however, it did not appear services were offered regarding the concern for SF's possible alcohol problem.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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



## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 NCDSS provided information on safe sleep to all parents, including the SS's BM who was expecting a child. Alcohol treatment services may have been beneficial to SF, though services were not offered.

**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:**  
 Grief services were offered to the SS, and the SS and his BM stated he was receiving counseling through his school. NCDSS provided additional information to the SS's BM.

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

**Explain:**  
 Grief services were offered to the parents, and information was provided. BM was already receiving grief services prior to the referral.

## 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 in NYS within three years prior to the fatality.

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

There was no CPS history listing the SS as a maltreated child, nor was there CPS history listing the SF as an alleged subject.

### Known CPS History Outside of NYS

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

### Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

### Additional Local District Comments

Alcohol abuse services were not offered to father due to no surviving children in the home.

### 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