



Report Identification Number: AL-20-038

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

Issue Date: May 24, 2021

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 | ASTO-Allowing Sex Abuse to Occur | |



Case Information

Report Type: Child Deceased
Age: 14 year(s)

Jurisdiction: Delaware
Gender: Female

Date of Death: 11/23/2020
Initial Date OCFS Notified: 11/24/2020

Presenting Information

Delaware County Department of Social Services (DCDSS) received a report from the SCR alleging on 11/17/20, the 14-year-old subject child was found unresponsive in her bedroom after hanging herself. She was hospitalized and placed on a ventilator. On 11/22/20, the subject child was removed from the ventilator due to no brain activity and she was pronounced dead on 11/23/20. The subject child had ongoing mental health issues, was experiencing panic attacks, and had been cutting herself. The parents were aware of the child's ongoing mental health issues, including self-injurious behaviors, but did not seek mental health treatment for her. The surviving 17-year-old sibling had a history of bullying the subject child in the home. Several years prior, the sibling pushed the subject child down a set of stairs. The parents were aware of the bullying but had not intervened to protect the subject child.

Executive Summary

This fatality report concerns the death of the 14-year-old female subject that occurred on 11/23/20. A report was made to the SCR on 11/24/20 with allegations of Inadequate Guardianship, Lack of Medical Care, and DOA/Fatality against the child's mother and father. An allegation of Inadequate Guardianship against the parents regarding the 17-year-old sibling was received due to the alleged bullying between the two. DCDSS received the report and investigated the child's death. An autopsy was completed and revealed the death was due to global hypoxic encephalopathy secondary to attempted suicide by hanging. The subject child was found hanging by a scarf around the neck from a bedpost on 11/17/20; resuscitation efforts were initiated, and cardiac function was restored. The subject child was found to be acidotic and developed seizure activity. While hospitalized, an MRI showed extensive hypoxic ischemic brain injury. The subject child died on 11/23/20.

At the time of the child's death, she resided with her mother, father, and siblings ages, 19, 17, 15, and 8-years-old. The subject child had been adopted by the family several years prior to her death. The investigation revealed 11/17/20 was a typical day for the subject child. She had just returned to school following a two week break while the school district was educating remotely. The subject child had a snack around 7:30PM and then went up to her bedroom. Around 9PM, the mother went upstairs and told the subject child to turn her light off as she could see it still on beneath the door. The mother noticed that the child did not turn the light off or respond to the request, so she opened the door and found the subject child hanging. The mother called for the father to call 911, removed the scarf from the child's neck, and began CPR while awaiting first responders. Emergency services arrived and transported the child to the hospital, where she remained on life support until 11/23/20.

From the time the investigation began to the time of its closure, DCDSS met with all family members and interviewed pertinent collateral sources. It was determined the child had not shown any signs of suicidal ideation nor any concerning behaviors in the days leading up to her death. Law enforcement completed an investigation and their findings corroborated the information the parents provided to DCDSS. The siblings were observed on multiple occasions and deemed safe. The case was unfounded and closed after being referred to community-based 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:

Case activity was commensurate with case circumstances.

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:

Supervisory consultation was documented throughout the case. Once all case objectives were met, DCDSS determined and closed the investigation.

Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Timely/Adequate Seven Day Assessment |
| Summary: | Although a 24-hour alleged child fatality safety assessment was completed, the regulatory 7-day safety assessment tool was not completed in Connections. |
| Legal Reference: | SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c) |
| Action: | There is no required action as safety was assessed and documented in progress notes. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/23/2020

Time of Death: 04:02 AM



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

11/17/2020
Unknown

County where fatality incident occurred:
Was 911 or local emergency number called?
Time of Call:

Delaware
Yes
Unknown

Did EMS respond to the scene?
At time of incident leading to death, had child used alcohol or drugs?

Yes
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? No - Not needed given developmental age or circumstances

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 | 14 Year(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 52 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 52 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 17 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 8 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 15 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 19 Year(s) |

LDSS Response

On 11/24/20, DCDSS received the SCR report regarding the death of the subject child, which occurred on 11/23/20. DCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. DCDSS learned law enforcement had been investigating the suicide since the date it occurred, and there were surviving siblings in the home.

On 11/25/20, DCDSS met with the parents and observed the siblings in the home. The mother reported the subject child's death was unexpected. The child was adopted by the parents and had lived with them for eight years. The mother reported the child had a history of serious trauma and in reading the notes left by the subject child, it appeared that ultimately led to her suicide. The mother and father reported the child had not shown any signs of suicidal ideation, did not have any marks that would suggest self-mutilation, and was not engaged in any mental health counseling. The parents reported when the child first moved into the home she was engaged in mental health counseling, but it was determined several years prior that mental health services were no longer required. The mother and father denied any known bullying between the



siblings or at school. The mother reported the day and evening of 11/17/20 were not atypical. The child returned home from school and seemed in good spirits. She had a snack around 7:30PM and went up to her bedroom. The mother went upstairs shortly after 9PM and noticed the light on in the subject child's room. The mother called for lights out and proceeded with her nightly routine. A short time later, the mother noticed the subject child's light was still on and she had not responded to the mother. The mother entered the room and found the child had hanged herself with a scarf. The mother yelled for the father who called 911 and both attempted to resuscitate the child while waiting for first responders. The child was transported to the hospital where she remained on life support until ultimately succumbing to her injuries on 11/23/20.

On 11/27/20, DCDSS spoke with the siblings in the home. All reported the subject child was upbeat and happy. No one had any issues or concerns with the subject child and they all got along well. All siblings denied the allegation that there was tension between the subject child and her 17-year-old brother. All reported the subject child and 17-year-old sibling got along the best out of the siblings. All denied any bullying from the 17-year-old sibling towards the subject child. The 17-year-old sibling reported being very close to the subject child and had no inclination that she was suicidal. The sibling reported she was happy and upbeat, even on the day of the incident. The siblings were not aware of the subject child engaging in self-injurious behaviors.

The record revealed DCDSS had access to the subject child's suicide notes, which reflected feelings of low self-worth and memories of serious childhood trauma prior to being adopted by her mother and father. The subject child made mention that her suicide was no one's fault, and she was "just tired of being [herself]."

On 1/19/21, DCDSS spoke with the counselor at the subject child's school. The counselor had no concerns surrounding the care the parents provided the child. The counselor reported there were no warning signs from the subject child and, in speaking with her peers, there were no concerns for the subject child's mental health.

Throughout the investigation, DCDSS spoke with collateral sources including the pediatrician, school officials, LE and EMS. DCDSS offered the family services in response to the fatality, and LE found no criminality regarding subject child's death. DCDSS found no evidence to support the allegations received in the report and therefore unfounded and closed the case.

Official Manner and Cause of Death

Official Manner: Suicide

Primary Cause of Death: From an injury - external 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: DCDSS adhered to previously approved protocols for joint investigations by collaborating with law enforcement and notifying the DA's office of the death.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: There is no OCFS approved Child Fatality Review Team in Delaware County.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|-------------------|------------------------|---------------|--------------------|
|-------------------|------------------------|---------------|--------------------|



| | | | |
|---|-------------------------------------|-------------------------|-----------------|
| 056941 - Deceased Child, Female, 14 Yrs | 056942 - Mother, Female, 52 Year(s) | DOA / Fatality | Unsubstantiated |
| 056941 - Deceased Child, Female, 14 Yrs | 056942 - Mother, Female, 52 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 056941 - Deceased Child, Female, 14 Yrs | 056942 - Mother, Female, 52 Year(s) | Lack of Medical Care | Unsubstantiated |
| 056941 - Deceased Child, Female, 14 Yrs | 056943 - Father, Male, 52 Year(s) | DOA / Fatality | Unsubstantiated |
| 056941 - Deceased Child, Female, 14 Yrs | 056943 - Father, Male, 52 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 056941 - Deceased Child, Female, 14 Yrs | 056943 - Father, Male, 52 Year(s) | Lack of Medical Care | Unsubstantiated |
| 056944 - Sibling, Male, 17 Year(s) | 056942 - Mother, Female, 52 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 056944 - Sibling, Male, 17 Year(s) | 056943 - Father, Male, 52 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional information:

DCDSS contacted all relevant collateral sources.

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 type="checkbox"/> | <input checked="" 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"/> |
| Explain: Though DCDSS assessed for safety of the siblings throughout the investigation, the 7-day safety assessment tool was not completed in CONNECTIONS. | | | | |

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: The parents were receptive to referrals for bereavement and mental health counseling. At the time of this writing, the siblings were engaged in counseling. | | | | |

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:
 There was no removal of the surviving siblings. They were assessed to be safe in the care of the parents.

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 checked="" 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"/> |
| 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 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:
 DCDSS provided the family with referrals for community-based bereavement and mental health counseling. At the time of this writing, the siblings were engaged in counseling services.

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:



DCDSS offered referrals for bereavement and mental health counseling to the siblings. At the time of case closure, the siblings were engaged in community-based services.

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

Explain:

DCDSS offered referrals for bereavement and mental health counseling to the parents.

History Prior to the Fatality

Child Information

| | |
|---|----|
| Did the child have a history of alleged child abuse/maltreatment? | 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 was unfounded history from 2012-2015 regarding the now adult foster care children who resided in the home at that time.

There was significant history for the subject child prior to being freed and adopted (more than three years prior to the fatality).

Known CPS History Outside of NYS

There was no known 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

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