



Report Identification Number: SV-15-005

Prepared by: Spring Valley Regional Office

Issue Date: 12/3/2015

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



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Sullivan
Gender: Male

Date of Death: 01/20/2015
Initial Date OCFS Notified: 01/20/2015

Presenting Information

On 1/20/15, a report was accepted by the Statewide Central Register of Child Abuse and Maltreatment on behalf of the one year old subject child with the allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Supervision against the mother and maternal uncle (MU). The subject child allegedly drowned in the family bath tub on 1/20/15. The mother stepped away from the bathroom for up to 10 minutes while the subject child was in the family bath tub and when she returned the subject child was under the water. The report alleged the mother and MU failed to provide adequate supervision to the subject child which resulted in his demise.

Executive Summary

On January 20, 2015, a report was called into the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) with the allegations of DOA/Fatality, Inadequate Guardianship (IG), and Lack of Supervision (LS) against the mother and maternal uncle (MU) on behalf of the one-year old male subject child. The investigation established the mother and the four siblings ages 13, 11, 9, and 4 were visiting the MU from the state of Florida for the surviving sibling's winter school break. The father remained in the state of Florida due to work. While the subject child was in the family bath tub, the mother stepped away to get cereal for the youngest surviving sibling. The mother alleged she left the subject child unattended for no more than 10 minutes. When the mother returned, she found the subject child submerged in the bathtub of approximately four inches of water. The surviving siblings were in their bedrooms at the time of the incident. The MU was asleep until the mother screamed and said the subject child was not breathing. The MU called 911. The mother attempted CPR on the subject child until Emergency Medical Services (EMS) arrived and also attempted CPR. The subject child was unresponsive to resuscitation efforts. EMS transported the subject child to the local hospital and the medical examiner declared the subject child deceased.

Sullivan County's Department of Family Services (SCDFS) Child Protective Specialist, along with law enforcement, immediately commenced an investigation and later collaborated with Florida Department of Children and Families (DCF). On the day of the incident, SCDFS interviewed the MU, and surviving siblings. The parents retained an attorney shortly following the incident. The attorney advised the mother against participating in an interview with the caseworker. Also, the mother was not permitted to sign release forms for the purpose of gathering information regarding the mother's mental health. The 7 day safety assessment reflected a safety plan was established with the maternal grandmother to be present and assist the mother in caring for the surviving siblings during periods when the mother was the sole caretaker.

On 3/19/15, SCDFS indicated the report and substantiated the allegations of DOA/Fatality, IG, and LS against the mother and unfounded the allegations against the MU. The basis for the determination was the mother's admission that she left the subject child in the bathtub unattended for up to 10 minutes which resulted in the subject child's death. The MU was asleep and unaware of the subject child being left alone in the bathtub. The investigation also revealed the mother had left the subject child unattended in the past. Following the subject child's death, the family returned to their home in Florida. The SCDFS Preventive Services made a referral, via an Interstate Compact Agreement, for Florida DCF to monitor the case. While in Sullivan County, the family received community based bereavement counseling and the mother refused mental health services. At the time of this report, law enforcement's



investigation was pending and no charges were filed. The determination was made within the required sixty-day mandate.

The autopsy report was completed on 4/27/15 and the cause of death and manner of death were undetermined. The SCDFS filed a neglect petition in Sullivan County Family Court on 2/23/15. At the court conference on 9/3/15, the mother's attorney requested an ACD with conditions. A trial was scheduled on 10/13/15 and the disposition is scheduled for 12/21/15.

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:

During the investigation, the family returned to the state of Florida. SCDFS contacted Florida DCF to monitor the family. In Florida, the family has a housekeeper that can assist with some of the mother's daily responsibilities. The father informed SCDFS that he was planning on hiring a live-in nanny.

Was the decision to close the case appropriate? N/A

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:

On 3/19/15, SCDFS indicated the report and substantiated the allegations of DOA/Fatality, IG, and LS against the mother and unfounded the allegations against the MU. At the time of this report, the district attorney's office has not filed charges. During the investigation, SCDFS informed Florida DCF of the family's circumstances. Florida continued monitoring the family.

Required Actions Related to the Fatality

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



NYS Office of Children and Family Services - Child Fatality Report

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/20/2015

Time of Death: 11:02 AM

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

County where fatality incident occurred:

SULLIVAN

Was 911 or local emergency number called?

Yes

Time of Call:

10:07 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Bathing

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Unknown if they were 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	Aunt/Uncle	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Father	No Role	Male	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Other Child	No Role	Female	4 Year(s)
Deceased Child's Household	Other Child	No Role	Female	9 Year(s)
Deceased Child's Household	Other Child	No Role	Male	13 Year(s)
Deceased Child's Household	Other Child	No Role	Female	11 Year(s)

LDSS Response

On 1/20/15, Sullivan County's Department of Family Services (SCDFS) initiated an investigation into the allegations of DOA/Fatality, Inadequate Guardianship (IG), and Lack of Supervision (LS) against the mother and maternal uncle (MU)



on behalf of the one-year old male subject child. SCDFS coordinated their investigation with Sullivan County law enforcement, Rockland County Department of Social Services (RCDSS) and the Florida Department of Children and Families (DCF). RCDSS had secondary assignment of the case. The family resided in Florida, but was visiting relatives in Sullivan County. SCDFS conducted a historical check, criminal background search, contacted medical professionals, and contacted first responders. SCDFS made contact with the surviving siblings' schools, law enforcement, and the medical examiner. Appropriate collateral contacts were made and pertinent information was obtained however, SCDFS did not interview the family's housekeeper from the state of Florida. The pediatrician was not contacted, however, diligent efforts were made to do so.

On 1/23/15, RCDSS assessed safety of the MGM's home since the family was staying there after the death and she was included in the safety plan. A safety plan was put in place for the siblings to be supervised by the MGM and not left alone with the mother due to the mother's suspected mental health concerns. The mother's CPS history in Florida alleged that in November 2014 the mother was "...suffering from postpartum depression". Florida DCF unsubstantiated the allegation.

SCDFS' investigation established the mother left the subject child unattended in low level water in the bathtub. Interviews with collateral contacts revealed that while in Florida, the mother occasionally left the subject child for a short period of time in water in the bathtub when she needed to attend to her other children. SCDFS learned from collateral contacts that the mother appeared overwhelmed with caring for the children. At the advisement of the mother's attorney, she did not answer any questions related to her mental health nor accept the mental health treatment referral from SCDFS but did speak to a bereavement counselor. The father and the surviving children also received bereavement counseling from a community resource.

The safety and risk assessments were appropriate. The maternal grandmother, who resided in Rockland County, provided supervision to the surviving siblings when the mother was the sole caretaker. The progress notes were contemporaneous and accurately reflected the known circumstances of the case. A court order was requested in order for the case to be appropriately kept open for continued monitoring of the family in Florida. SCDFS attempted to obtain information from the mother regarding the circumstances surrounding the fatality, the subject child's birth, eating habits, or sleeping habits; however was unsuccessful as the mother's attorney advised the mother against participating in an interview with the SCDFS or signing releases for the pediatrician. The father stated that at the time of the incident, the subject child was healthy and at a normal functioning level. There was evidence of detailed supervisory consultation in the documentation. The surviving siblings stated they observed the subject child wet, unclothed, and unresponsive.

The SCDFS Preventive Services made a referral, via an Interstate Compact Agreement, for Florida DCF to monitor the case. While in Sullivan County, the family received community based bereavement counseling and the mother refused mental health services. At the time of this report, law enforcement's investigation was pending and no charges were filed.

The SCDFS filed a neglect petition in Sullivan County Family Court on 2/23/15 for Florida DCF to mandate preventive services. At the court conference on 9/3/15, the mother's attorney requested an ACD with conditions. A trial is scheduled for 10/13/15.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner



NYS Office of Children and Family Services - Child Fatality Report

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017084 - Deceased Child, Male, 1 Year(s)	017083 - Aunt/Uncle, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
017084 - Deceased Child, Male, 1 Year(s)	017083 - Aunt/Uncle, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
017084 - Deceased Child, Male, 1 Year(s)	017083 - Aunt/Uncle, Male, 29 Year(s)	Lack of Supervision	Unsubstantiated
017084 - Deceased Child, Male, 1 Year(s)	017081 - Mother, Female, 31 Year(s)	DOA / Fatality	Substantiated
017084 - Deceased Child, Male, 1 Year(s)	017081 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
017084 - Deceased Child, Male, 1 Year(s)	017081 - Mother, Female, 31 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information:

Adequate collateral contacts were made however the family's housekeeper in the state of Florida was not contacted for an interview. The housekeeper had regular and consistent contact with the family.

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"/>



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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 and 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 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:
02/23/2015	Adjudicated Abused	There was not a disposition
Respondent:	017081 Mother Female 31 Year(s)	
Comments:	The local district filed an F.C.A Article 10 petition on 2/23/2015 requesting Florida Department of Children and Families to monitor the family. A court conference was held on 9/3/2015 and the mother's attorney requested an ACD. Fact Finding was held on 10/13/15 and the Disposition is scheduled for 12/21/15.	

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"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 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"/>				
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:
The mother father and surviving siblings received community based bereavement services. The mother refused a mental health services referral.

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:
The surviving siblings received community based bereavement services. The surviving siblings had no other identified service needs.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
The mother and father received community based bereavement services. At the advisement of the mother's attorney, she did not accept the SCDFS' referral for a mental health screening. The father had no identified service needs.

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 within three years prior to the fatality.

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

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

Known CPS History Outside of NYS

On 11/20/14, a report was called in to the Florida Department of Children & Families (DCF) that alleged the subject child was being neglected. The allegation was Inadequate Supervision. The report stated that the subject child was fourteen months and weighed nineteen pounds. The report alleged that the mother was depressed and suffered from post partum depression. The mother refused to take any medication and appeared very detached. It also alleged that the mother had no idea of how much the subject child was eating and the subject child had not had any vaccines. The report alleged that the father was "very emotionally abusive" to the mother. The report was unfounded and closed on 12/23/14 without services due to the mother's refusal.

Services Open at the Time of the Fatality

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

Action:	Any collateral that have regular contact with the family should be interviewed to further assess the family functioning, strengths, weakness, and gather pertinent information. In this investigation, adequate collateral contacts were contacted however, the family had a housekeeper in Florida that was not interviewed.
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Are there any recommended prevention activities resulting from the review? Yes No