



Report Identification Number: SY-20-024

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

Issue Date: Nov 23, 2020

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: 6 year(s)

Jurisdiction: Oneida
Gender: Female

Date of Death: 06/06/2020
Initial Date OCFS Notified: 06/06/2020

Presenting Information

An SCR report alleged on 6/6/2020, at about 4:25 PM, the cousin of the 6-year-old subject child failed to adequately supervise the child while she was on a third floor fire escape. As a result, the child fell from the fire escape onto the ground below after she attempted to grab a blanket that was flying away. The child sustained trauma from the fall and bled from her ears and head. When EMS arrived, the child was breathing but turned blue. The child was transported to the hospital where she was pronounced deceased at approximately 5:00 PM. The roles of the mother and father were unknown.

Executive Summary

This fatality report concerns the death of the 6-year-old female subject child that occurred on 6/6/2020. A report was made to the SCR on the same day concerning the child’s level of supervision when she fell from a fire escape while in the care of her cousin. The child sustained life-threatening injuries as a result of the fall. The child resided with her parents and her 11-year-old sibling. The child had a 15-year-old sibling who lived with her mother. The 11-year-old sibling was assessed to be safe in the care of her parents; however, the mother of the 15-year-old denied OCDSS access to the sibling. Neither child was present at the time of the fatal incident.

At the time the child fell from the fire escape, the parents were not present. They did not express any concerns for the care the cousin provided to the child, and said the child regularly visited the cousin at his home.

Oneida County Department of Social Services (OCDSS) coordinated investigative efforts with law enforcement upon receipt of the report. Law enforcement deemed the incident an accident and their investigation did not reveal any criminality. An autopsy was performed, and the cause of death was blunt impact head trauma and the manner was accidental.

The cousin said he and the child were outside on the fire escape when he saw her blanket out of the corner of his eye. He was immediately alerted that the child had fallen to the ground. He jumped off the fire escape to render aid to her. The cousin contacted 911 and the mother; EMS and the mother both arrived at the scene shortly thereafter. First responders began performing life-saving measures and transported the child to the hospital where she succumbed to her injuries and was pronounced deceased at 4:57 PM.

OCDSS gathered information from the family, witnesses, first responders and the medical examiner. Home visits were made, and thorough interviews were documented. Appropriate services were offered to the family in response to the fatality.

OCDSS completed Safety Assessments and required reports timely and with accuracy. The investigation remained open for investigation at the time this report was written.

PIP Requirement

OCDSS will submit a PIP to the Syracuse Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The investigation remained open at the time this report was written.

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:

The investigation remained open at the time this report was written.

Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Timely/Adequate Case Recording/Progress Notes |
| Summary: | Some progress notes were entered non-contemporaneously to their event dates and were entered up to eight weeks after their event dates. |
| Legal Reference: | 18 NYCRR 428.5 |
| Action: | Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded. |

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 06/06/2020

Time of Death: 04:57 PM

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

04:25 PM

County where fatality incident occurred:

Oneida

Was 911 or local emergency number called?

Yes

Time of Call:

04:26 PM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

 Sleeping Working Driving / Vehicle occupant Playing Eating Unknown Other: Reaching for blanket

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|-----------------------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Female | 6 Year(s) |
| Deceased Child's Household | Father | No Role | Male | 37 Year(s) |
| Deceased Child's Household | Mother | No Role | Female | 33 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 11 Year(s) |
| Other Household 1 | Other Adult - Second Cousin | Alleged Perpetrator | Male | 33 Year(s) |

LDSS Response

On 6/6/2020, OCDSS received an SCR report regarding the SC's death and began gathering information. Within the first 24 hours of the investigation, LE was notified, the source was contacted, a history check was noted, and the DA's office was notified of the death. A home visit was made and the 11yo SS was assessed to be safe in the care of the parents.

On 6/7/2020, the BM was interviewed with LE. The BM dropped the SC off to the cousin's home on 6/5/2020. The cousin provided the mother with updates of the child throughout their time together. On 6/6/2020, the BM received a call from the cousin saying the SC fell and needed to go to the hospital. The BM went to the cousin's home and the SC was in the ambulance. The SC was bleeding from the head and ears. The BM said the SC oftentimes wrapped herself in a blanket and would pretend she was blind. The cousin told the BM the SC had her blanket on the fire escape when the wind blew it away and the SC reached for it. It was reported the cousin had turned away prior to the SC's fall. The BM did not have concerns for the SC in the care of the cousin and reported he cared for the SC frequently with no issues. The BF was interviewed but had no additional information. The BF heard the cousin's back porch had stairs that were wobbly and



unsafe. The 11yo SS was interviewed in the home and did not report any concerns for her safety in the care of her parents.

On 6/9/2020, the cousin was interviewed. He and the SC went onto the fire escape and it was a windy day. The SC went inside and came back out with her blanket. He told her several times to not go onto the fire escape by herself, and to sit in the middle and away from the edge. The SC was sitting in the middle of the fire escape when the cousin turned away for five seconds. Someone began to scream, and the SC was no longer sitting there, and the cousin saw her falling to the ground. He jumped to the ground and tried to stop the bleeding as he called 911.

OCDSS gathered information from the fire department that the fire escape had a large gap where the SC fell through, further noting that an adult could easily fit through the space. The property was cited in the past and the fire escape was not to be used as a balcony. The fire department reported they were the first at the scene and the child was breathing abnormally. It was believed she had broken bones in her neck and skull. EMS arrived shortly thereafter and transported the SC to the hospital via ambulance while performing CPR. Information was gathered from the hospital doctor who reported the SC had a non-survivable injury.

LE noted arriving at the home and observed the fire department performing CPR. The cousin told police the SC was on the fire escape with him when she ran after a blanket that went over the edge and she fell over the railing.

OCDSS gathered collateral information from relatives, neighbors and witnesses. The neighbor did not witness the fall but spoke to the SC and cousin prior to the incident. It was reported the SC came to the edge of the fire escape to say "hi" then sat down away from the edge. The neighbor heard the cousin tell the SC to stay away from the edge because it was dangerous. The cousin turned away for about 30 seconds and the SC fell. The neighbor did not think the cousin was neglectful and was supervising the SC. Witnesses reported pulling into the parking lot and saw a blanket fall from the fire escape and made a loud thud when it hit the ground. They realized it was a SC in the blanket and alerted the cousin who began rendering aid to the SC.

On 7/9/2020, it was learned the BF had another child. The mother of the 15yo SS denied OCDSS contact with the 15yo SS.

At the time this report was written, OCDSS had not determined the investigation and the case remained open. The family was offered and accepting of services in response to the fatality.

Official Manner and Cause of Death

Official Manner: Accident

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

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



Child Fatality Report

| | | | |
|--|--|-------------------------|---------|
| 054702 - Deceased Child, Female, 6 Yrs | 054706 - Other Adult - Second Cousin, Male, 33 Year(s) | DOA / Fatality | Pending |
| 054702 - Deceased Child, Female, 6 Yrs | 054706 - Other Adult - Second Cousin, Male, 33 Year(s) | Inadequate Guardianship | Pending |
| 054702 - Deceased Child, Female, 6 Yrs | 054706 - Other Adult - Second Cousin, Male, 33 Year(s) | Internal Injuries | Pending |
| 054702 - Deceased Child, Female, 6 Yrs | 054706 - Other Adult - Second Cousin, Male, 33 Year(s) | Lack of Supervision | Pending |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| All children observed? | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional information:

Although efforts were made to interview the 15-year-old sibling, the sibling's mother did not authorize OCDSS to have contact with the sibling. Some progress notes were not entered contemporaneously.

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



Child Fatality Report

| | | | | |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

Explain:
At the time the Safety Assessments were completed, it was unknown the father had a child who lived outside of the home.

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |

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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input 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:
 The family was offered an abundance of services in response to the fatality.

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 11-year-old sibling was enrolled in counseling as a result of the death.

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

Explain:
 The parents were engaged in counseling.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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

11/12/13- 1/30/14- The mother was unsubstantiated for Inadequate Guardianship and Parent's Drug/Alcohol Misuse regarding the subject child.

5/24/10- 6/1/10 Other adults were unsubstantiated for the Inadequate Guardianship and Parent's Drug/Alcohol Misuse regarding the 15-year-old sibling and another child.

6/10/06- 8/11/06 The father was substantiated for Inadequate Guardianship of the 15-year-old sibling.

Known CPS History Outside of NYS

There is no known CPS history outside of New York.

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