



Report Identification Number: SY-16-049

Prepared by: Syracuse Regional Office

Issue Date: Jun 15, 2017

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 | |

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 | 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-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 | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | |

Case Information



Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 04/07/2003
Initial Date OCFS Notified: 09/27/2016

Presenting Information

In 2003, the SC was found unresponsive at the daycare he attended. The SC was found by daycare staff face down in a vinyl ball pit without the balls. The SC was wrapped tightly in a blanket and was covered by heavy pillows. The daycare staff removed the pillows and blanket and began CPR, while another daycare staff called 911. This case was reported and investigated in 2003, with all allegations unfounded. This incident was re-reported in 2016, with allegations that the daycare staff was not addressing injuries to other daycare children, that daycare staff were humiliating the children on a regular basis and another child (not the SC) was being over medicated by the daycare staff.

Executive Summary

This incident was originally reported to the SCR in 2003. It was alleged at that time that the 5 month old SC passed away at a licensed day care center. The SC was laid down for a nap in a round plastic container, which was normally used as a ball pit play area. There were no balls in the plastic container at the time of the SC's death. The DC Provider laid the SC down for a nap wrapped in a blanket. The SC was found unresponsive by the DC staff roughly four hours later. EMS was contacted and the DC staff attempted CPR unsuccessfully. The SC's death was ruled SIDS by the ME and determined the manner of death to be natural. There was no evidence found at the time that constituted abuse or maltreatment on the part of the DC staff and the case was closed and unsubstantiated. A new report was received by the SCR in 2016 with allegations regarding the SC's death. The new report also included allegations that the DC staff had allowed children to fall and break their arms in 2009, which were not treated or reported; that the DC staff made fun of the children in the day care; and that one child was being overmedicated with Tylenol. None of these additional allegations involved the SC. None of the allegations made in the 2016 report were alleged to be occurring at the time of the report, and all had been addressed with the day care previously. The LDSS initiated their report immediately, and made diligent efforts to contact those involved with the case. However due to the allegations and incidents having happened years ago, and already having been investigated, many did not want to discuss these incidents further. Based on the information the LDSS obtained, in cooperation with NYS OCFS Daycare Licensing, they were able to determine there was no credible evidence that the alleged maltreatment/abuse occurred and unfounded all the allegations in regard to all the children. The allegations of DOA/Fatality, Lack of Supervision and IG were unfounded regarding the SC. This case was closed with no safety factors present.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the** Yes, sufficient information was gathered to determine all



investigation?

- Was the determination made by the district to unfound or indicate appropriate?

allegations.

Yes

Was the decision to close the case appropriate?

Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

Explain:
Based on the current circumstances of the 2016 investigation of the child fatality it was appropriate to close the case.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/07/2003

Time of Death: Unknown

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

County where fatality incident occurred:

ONONDAGA

Was 911 or local emergency number called?

Yes

Time of Call:

01:00 PM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

1

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 | Day Care Provider | Alleged Perpetrator | Female | 43 Year(s) |
| Deceased Child's Household | Day Care Provider | Alleged Perpetrator | Female | 58 Year(s) |
| Deceased Child's Household | Day Care Provider | Alleged Perpetrator | Female | 45 Year(s) |
| Deceased Child's Household | Day Care Provider | Alleged Perpetrator | Female | 43 Year(s) |
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 5 Month(s) |
| Deceased Child's Household | Father | No Role | Male | 66 Year(s) |
| Deceased Child's Household | Mother | No Role | Female | 57 Year(s) |
| Deceased Child's Household | Other | Alleged Victim | Female | 3 Year(s) |
| Deceased Child's Household | Other | Alleged Victim | Male | 3 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 3 Year(s) |

LDSS Response

When this incident was originally reported in 2003, the LDSS conducted the investigation according to guidelines and unsubstantiated all allegations. During the current investigation in 2016, the LDSS made contacts with the alleged subjects and made diligent efforts to contact the children and families listed on the report. Due to the child fatality occurring so long ago, many of the people involved in the incident did not wish to discuss what happened. The LDSS determined again that there was not sufficient evidence to substantiate the allegations of DOA/Fatality, Lack of Supervision and Inadequate Guardianship, regarding the SC. Additionally, there were further allegations regarding other children at the Day Care Center. It was alleged that in 2009 the Day Care had not adequately supervised two other children who fell and sustained broken arms, which were not addressed or reported. There were also allegations that another child in the daycare was being overmedicated and that another child was being made fun of by the staff. NYS OCFS Daycare investigated and unfounded those allegations, and during the current CPS investigation in 2016, NYS OCFS Daycare and CPS found no credible evidence to substantiate those allegations. There were no services that needed to be offered, and the case was closed.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: The reported fatality occurred in 2003, and was investigated and unfounded at that time.



SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---------------------------------------|--|-------------------------|--------------------|
| 038601 - Deceased Child, Male, 5 Mons | 038603 - Day Care Provider, Female, 58 Year(s) | DOA / Fatality | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038605 - Day Care Provider, Female, 43 Year(s) | Fractures | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038605 - Day Care Provider, Female, 43 Year(s) | DOA / Fatality | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038606 - Day Care Provider, Female, 43 Year(s) | Lack of Supervision | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038606 - Day Care Provider, Female, 43 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038606 - Day Care Provider, Female, 43 Year(s) | Fractures | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038606 - Day Care Provider, Female, 43 Year(s) | DOA / Fatality | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038605 - Day Care Provider, Female, 43 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038604 - Day Care Provider, Female, 45 Year(s) | Lack of Supervision | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038604 - Day Care Provider, Female, 45 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038603 - Day Care Provider, Female, 58 Year(s) | Lack of Supervision | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038604 - Day Care Provider, Female, 45 Year(s) | Fractures | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038604 - Day Care Provider, Female, 45 Year(s) | DOA / Fatality | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038605 - Day Care Provider, Female, 43 Year(s) | Lack of Supervision | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038603 - Day Care Provider, Female, 58 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038601 - Deceased Child, Male, 5 Mons | 038603 - Day Care Provider, Female, 58 Year(s) | Fractures | Unsubstantiated |
| 038611 - Sibling, Male, 3 Year(s) | 038606 - Day Care Provider, Female, 43 Year(s) | Lack of Supervision | Unsubstantiated |
| 038611 - Sibling, Male, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038611 - Sibling, Male, 3 Year(s) | 038604 - Day Care Provider, Female, 45 Year(s) | Lack of Supervision | Unsubstantiated |
| 038611 - Sibling, Male, 3 Year(s) | 038606 - Day Care Provider, Female, 43 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038611 - Sibling, Male, 3 Year(s) | 038606 - Day Care Provider, Female, 43 Year(s) | DOA / Fatality | Unsubstantiated |



| | | | |
|--|--|-------------------------|-----------------|
| | 43 Year(s) | | |
| 038611 - Sibling, Male, 3 Year(s) | 038605 - Day Care Provider, Female, 43 Year(s) | DOA / Fatality | Unsubstantiated |
| 038611 - Sibling, Male, 3 Year(s) | 038604 - Day Care Provider, Female, 45 Year(s) | DOA / Fatality | Unsubstantiated |
| 038611 - Sibling, Male, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | DOA / Fatality | Unsubstantiated |
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| 038611 - Sibling, Male, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | Fractures | Unsubstantiated |
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038606 - Day Care Provider, Female, 43 Year(s) | Fractures | Unsubstantiated |
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038604 - Day Care Provider, Female, 45 Year(s) | Lack of Supervision | Unsubstantiated |
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038604 - Day Care Provider, Female, 45 Year(s) | Fractures | Unsubstantiated |
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038606 - Day Care Provider, Female, 43 Year(s) | Lack of Supervision | Unsubstantiated |
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| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038606 - Day Care Provider, Female, 43 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038605 - Day Care Provider, Female, 43 Year(s) | Fractures | Unsubstantiated |
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038604 - Day Care Provider, Female, 45 Year(s) | DOA / Fatality | Unsubstantiated |



| | | | |
|--|--|-------------------------|-----------------|
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | Lack of Supervision | Unsubstantiated |
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| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | DOA / Fatality | Unsubstantiated |
| 038612 - Other - Day Care Recipient, Female, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | Fractures | Unsubstantiated |
| 038613 - Other - Day Care Recipient, Male, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | DOA / Fatality | Unsubstantiated |
| 038613 - Other - Day Care Recipient, Male, 3 Year(s) | 038605 - Day Care Provider, Female, 43 Year(s) | Fractures | Unsubstantiated |
| 038613 - Other - Day Care Recipient, Male, 3 Year(s) | 038605 - Day Care Provider, Female, 43 Year(s) | Lack of Supervision | Unsubstantiated |
| 038613 - Other - Day Care Recipient, Male, 3 Year(s) | 038606 - Day Care Provider, Female, 43 Year(s) | Lack of Supervision | Unsubstantiated |
| 038613 - Other - Day Care Recipient, Male, 3 Year(s) | 038604 - Day Care Provider, Female, 45 Year(s) | DOA / Fatality | Unsubstantiated |
| 038613 - Other - Day Care Recipient, Male, 3 Year(s) | 038603 - Day Care Provider, Female, 58 Year(s) | Lack of Supervision | Unsubstantiated |
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| 038613 - Other - Day Care Recipient, Male, 3 Year(s) | 038604 - Day Care Provider, Female, 45 Year(s) | Lack of Supervision | 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:

At both the time of the original investigation in 2003 and the re-investigation in 2016, all information was documented in a timely manner

Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <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 | Needed but not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Funeral arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |

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? N/A

Explain:
None needed

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

Explain:
None needed

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No



Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

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

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

This case was reported in 2003, when the child fatality originally occurred. All the listed alleged subjects were alleged subjects at that time due to the SC's death at the day care facility. During the original investigation, all the DC Providers and all the allegations investigated and unfounded.

Known CPS History Outside of NYS

No Known history outside of NYS.

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.

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