



**Report Identification Number: SY-22-037**

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

**Issue Date: Dec 28, 2022**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services	DA-District Attorney	
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

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

**Jurisdiction:** Lewis  
**Gender:** Male

**Date of Death:** 07/27/2022  
**Initial Date OCFS Notified:** 07/28/2022

## Presenting Information

Lewis County Department of Social Services (LCDSS) received an SCR report on 7/28/2022 which alleged the mother (SM) and father (SF) allowed the children, ages 6, 4, 3, 1 year old, and 1 month old, to play outside unsupervised on a regular basis. On 7/27/2022, the mother and father failed to adequately supervise the 1-year-old child and as a result he climbed a step stool leading into a 300-gallon water tub. The child fell into the tub face first and drowned. The mother and father did not seek medical attention for approximately two hours after finding the child. The child was pronounced deceased at 10:22 PM by emergency medical services upon their arrival.

## Executive Summary

This report concerns the death of a 1-year-old child which occurred while in the care of his mother and father. LCDSS received the SCR report and coordinated their response with law enforcement. Law enforcement informed LCDSS the family had been in two separate locations on the property and each parent believed the other was supervising the 1-year-old child.

LCDSS interviewed the parents in the home. The mother and father stated the family was completing their evening chores. The mother and father were in separate areas of the property, and each had been supervising the 1-year-old child at different times. The mother was the last person to see the child alive, and when she saw him, he was walking towards the father's location. The father later came to the barn to speak to the mother, and they realized neither of them knew where the 1-year-old child was, and they began searching the property. The mother found the child face-down in a 300-gallon water container. The father attempted CPR unsuccessfully. In accordance with their religious customs, the father began to inform family members of the child's death and the paternal grandfather contacted the community's coroner, who then contacted 911. Emergency responders pronounced the child dead upon their arrival to the home. The 6-year-old, 4-year-old, 3-year-old, and 1-month-old child were being properly supervised at the time of the fatal incident. LCDSS assessed the surviving siblings as safe in the care of the mother and father.

Law enforcement believed there to be no criminality in the child's death and did not pursue criminal charges. Law enforcement located a small step stool next to the water container and found a metal drinking cup floating in the water. Law enforcement believed the child was walking towards the father's location and attempted to get himself water, falling in. The mother and father stated the child had not been seen alive in approximately one hour. Law enforcement did not believe contacting 911 sooner would have resulted in a different outcome. An autopsy was not performed at the request of the parents and their religious observances.

The allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Supervision against the mother and father regarding the 1-year-old child were substantiated. All other allegations were unsubstantiated as LCDSS believed the parents had provided proper supervision to the surviving siblings, and the delay in seeking medical assistance would not have yielded a different outcome for the 1-year-old child. The family was offered services in relation to the death of the child which were declined citing community supports.

## 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:

A determination of the allegations was made in congruence with the evidence gathered. The family was offered and declined services and the investigation was closed.

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:

There was detailed documentation in the case record of supervisory consult throughout the investigation.

### 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: 07/27/2022

Time of Death: 10:32 PM

Time of fatal incident, if different than time of death: 08:00 PM

County where fatality incident occurred: Lewis

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes



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

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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	Male	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Month(s)

### LDSS Response

LCDSS received the SCR report and coordinated their response with LE. LE stated that the family was doing farm chores after dinner at approximately 6:00 PM. Each parent believed the other was supervising the SC as he had rotated between parents while outside. LE stated the SF came to speak with the SM in the barn and they realized the SC was not with either of them and began to search the property. The SM found the SC in the 300-gallon water vat and yelled to the SF who ran to them and attempted to perform CPR before realizing it was too late to resuscitate the SC.

LCDSS interviewed the parents in the home. The SM and SF stated that at approximately 6:00 PM, the family went outside to do their evening chores. The SM stated she was in the barn and the SF stated he was working in the hay loft. The SM and SF stated the SC had been with the SF in the hay loft initially, then went to join the SM and SSs in the barn. The SM stated that she observed the SC in the barn with her, who then began walking towards the hay loft. The SM stated she thought the SC had returned to assist the SF in the hay loft and continued to do her chores. The SF stated he came down from the hay loft to speak to the SM and it was then they realized the SC was not with either of them. The SM estimated she had not seen the SC in approximately one hour prior to realizing he was not with the SF. The SM and SF stated they began searching the property, with the SM finding the SC in the water vat. The SF attempted CPR unsuccessfully. The SF stated he went to the paternal grandfather's (PGF) home at approximately 10:00 PM to inform them of the SC's death. The PGF then contacted the community coroner who contacted 911. EMS responded to the home and pronounced the SC dead upon their arrival.

The SSs were assessed as safe in the care of the SM and the SF. Interviews were attempted, though the SSs did not engage with LCDSS. Services were offered to the family which were declined by the family, citing community supports.

LCDSS spoke with LE throughout the investigation. LE informed LCDSS the family's delay in contacting 911 was



customary within the religious community in which they live, and EMS arriving sooner would not have prevented the death of the child. LE stated the story provided by the parents was consistent with their investigation. LE found a step stool next to the water tub and a metal drinking cup floating in the water. There was no autopsy per religious observances and the ME identified the cause of death as drowning and the manner as accidental.

The allegations of DOA/Fatality, IG, and LS against the SM and the SF regarding the SC were substantiated. The allegation of LMC against the SM and the SF regarding the SC was unsubstantiated. LCDSS determined the SC was inadequately supervised by the SM and the SF, leading to his accidental death. LCDSS determined the delay in contacting EMS would not have resulted in a different outcome. The allegations of LS and IG against the SM and the SF regarding the SSs were unsubstantiated.

### 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 referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The fatality was referred to an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
061788 - Deceased Child, Male, 1 Yrs	061790 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
061788 - Deceased Child, Male, 1 Yrs	061790 - Father, Male, 31 Year(s)	Lack of Supervision	Substantiated
061788 - Deceased Child, Male, 1 Yrs	061790 - Father, Male, 31 Year(s)	Lack of Medical Care	Unsubstantiated
061788 - Deceased Child, Male, 1 Yrs	061790 - Father, Male, 31 Year(s)	DOA / Fatality	Substantiated
061788 - Deceased Child, Male, 1 Yrs	061789 - Mother, Female, 29 Year(s)	Lack of Supervision	Substantiated
061788 - Deceased Child, Male, 1 Yrs	061789 - Mother, Female, 29 Year(s)	Lack of Medical Care	Unsubstantiated
061788 - Deceased Child, Male, 1 Yrs	061789 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
061788 - Deceased Child, Male, 1 Yrs	061789 - Mother, Female, 29 Year(s)	DOA / Fatality	Substantiated
061791 - Sibling, Male, 6 Year(s)	061790 - Father, Male, 31 Year(s)	Lack of Supervision	Unsubstantiated
061791 - Sibling, Male, 6 Year(s)	061789 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated



061791 - Sibling, Male, 6 Year(s)	061789 - Mother, Female, 29 Year(s)	Lack of Supervision	Unsubstantiated
061791 - Sibling, Male, 6 Year(s)	061790 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
061792 - Sibling, Female, 4 Year(s)	061789 - Mother, Female, 29 Year(s)	Lack of Supervision	Unsubstantiated
061792 - Sibling, Female, 4 Year(s)	061789 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
061792 - Sibling, Female, 4 Year(s)	061790 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
061792 - Sibling, Female, 4 Year(s)	061790 - Father, Male, 31 Year(s)	Lack of Supervision	Unsubstantiated
061793 - Sibling, Female, 3 Year(s)	061790 - Father, Male, 31 Year(s)	Lack of Supervision	Unsubstantiated
061793 - Sibling, Female, 3 Year(s)	061789 - Mother, Female, 29 Year(s)	Lack of Supervision	Unsubstantiated
061793 - Sibling, Female, 3 Year(s)	061789 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
061793 - Sibling, Female, 3 Year(s)	061790 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
061794 - Sibling, Female, 1 Month(s)	061789 - Mother, Female, 29 Year(s)	Lack of Supervision	Unsubstantiated
061794 - Sibling, Female, 1 Month(s)	061789 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
061794 - Sibling, Female, 1 Month(s)	061790 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
061794 - Sibling, Female, 1 Month(s)	061790 - Father, Male, 31 Year(s)	Lack of Supervision	Unsubstantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Additional information:**

Interviews of the SSs were attempted by LCDSS. The SSs did not engage in the attempts.

**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 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"/>

**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"/>

**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"/>
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**Legal Activity Related to the Fatality**

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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 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? No

**Explain:**  
 Services were offered on behalf of the SSs and declined by the parents. The parents stated they would utilize community supports.

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

**Explain:**

Services were offered and declined by the parents. The parents stated they would utilize community supports.

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

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.

**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