



Report Identification Number: SV-21-013

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

Issue Date: Sep 23, 2021

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

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

Jurisdiction: Suffolk
Gender: Male

Date of Death: 04/01/2021
Initial Date OCFS Notified: 04/01/2021

Presenting Information

An SCR report was received that alleged on 4/1/21, the 5-year-old child was in the care of the mother and he became unresponsive. EMS was contacted and, upon arrival, various visible injuries were observed on the child's body. The child sustained ligature marks covering the child's wrists and arms and bruising to the face and all other areas of the body. The child sustained contusions to all four extremities as well as his buttocks and torso, bite marks to his back and buttocks and a laceration near his left eye. The child had been deceased for at least four hours before the mother sought medical care for the child, and as a result, the child was in rigor mortis. The mother had no explanation for why the child died.

Executive Summary

On 4/1/21, the Suffolk County Department of Social Services (SCDSS) received an SCR report regarding the death of the 5-year-old male child that occurred on that date. At the time of the child's death, he resided with his mother, stepfather and 10-month-old sibling in New York City. The child's father resided in another country and the mother reported that the child frequently visited him. The mother was unable to provide an address for the child's father and SCDSS' attempts to locate him were unsuccessful. The stepfather's parents (the grandparents) resided in Suffolk County and the child was at their home when he was found unresponsive.

Through a joint investigation with law enforcement, it was learned that on 4/1/21, the mother and stepfather brought the child to the grandparent's home around 12:00 PM. The grandmother observed him to be injured at that time. The grandmother later asked the mother and stepfather to return to the home since the child was not doing well. The mother and stepfather returned and contacted 911 at 5:48 PM. Upon arriving to the home, EMS observed the child to have various visible injuries and there were no signs of life. The child was transported to the hospital via ambulance, where he was pronounced deceased at 6:18 PM. Medical professionals estimated the child had been deceased for approximately four hours prior to the family seeking medical intervention.

The final autopsy report was pending at the time this report was written. The medical examiner confirmed that the child was found to have significant injuries over much of his body and that at least two implements were used in infliction of those wounds. The medical examiner was unable to share additional details about the child's injuries due to the ongoing criminal investigation. Law enforcement reported that they were treating the child's death as a homicide due to the severity of the injuries and their investigation remained open pending the final autopsy results.

The sibling received a full medical examination, and she was found to have bruising to her lower back, bilateral swelling to her shoulders, and a severe diaper rash. A skeletal x-ray was performed, and there were no additional injuries found. The sibling's injuries were determined to be non-accidental, and she was removed from the mother and stepfather's custody and placed in Foster Care. The sibling was assessed to be safe in her foster boarding home. SCDSS filed an Article 10 Abuse Petition against both adults and orders of protection were issued barring the mother and stepfather from contact with the sibling. The case was opened for ongoing CPS services and the petition was pending in family court at the time this report was written.

SCDSS offered the family bereavement services, burial assistance, mental health services and family planning assistance and they declined. The mother and stepfather completed parenting classes and they were referred for a mental health evaluation. SCDSS determined the children were placed at risk of physical, mental, and emotional impairment by the



mother and stepfather’s actions. SCDSS substantiated the allegations of DOA/Fatality, Swelling/Dislocation/Sprains, Lack of Medical Care, Lacerations/Bruises/Welts, Inadequate Food/Clothing/Shelter and Inadequate Guardianship against the mother and stepfather regarding the child. The allegation of Swelling/Dislocation/Sprains was substantiated against the mother and stepfather as well as Inadequate Guardianship against the mother regarding the sibling. During the investigation it was learned that the grandparents were aware the child was injured, and they delayed in seeking medical treatment for the child, which contributed to his death. SCDSS added and substantiated the allegations of DOA/Fatality, Lacerations/Bruises/Welts, Inadequate Food/Clothing/Shelter, Lack of Medical Care, and Inadequate Guardianship against the grandparents regarding the child.

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:

SCDSS substantiated the allegations based on evidence gathered and the case was opened for ongoing CPS Services.

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:

Casework activity was commensurate with best casework practice.

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: 04/01/2021

Time of Death: 06:18 PM

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

Unknown

County where fatality incident occurred:

UNKNOWN

Was 911 or local emergency number called?

Yes

Time of Call:

05:48 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

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **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	5 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	10 Month(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	25 Year(s)
Other Household 1	Father	No Role	Male	25 Year(s)
Other Household 2	Grandparent	Alleged Perpetrator	Male	54 Year(s)
Other Household 2	Grandparent	Alleged Perpetrator	Female	52 Year(s)

LDSS Response

SCDSS investigated the child's death by speaking to the source of the report, law enforcement, EMS, hospital staff, the medical examiner's office, and family members.

Law enforcement interviewed the parents following the child's death and they advised SCDSS not to interview them about



the incident due to the criminal investigation. The mother and stepfather later declined to discuss the incident at the advice of their attorney.

The mother reported to law enforcement that she and the child were out of the country visiting the child’s father from 1/20/21-3/6/21. When she picked the child up on 3/5/21 he was in pain and he said his father beat him. She said the child was still wearing a pull up at night and in their culture, it was customary to beat a child with a switch for wetting their pants. The mother said she had been monitoring the child since they returned home, and she did not seek medical treatment for his injuries. On 4/1/21 she thought the grandmother was better suited to care for the child at her home, so they brought the child there. They were almost back home when she received a call from the grandmother that the child was not eating, he was throwing up and he appeared to need medical attention. They drove 2.5 hours back and when they arrived, it was clear the child was not doing well. They tried to revive the child with cold water, and they rubbed essential oils on his skin. When the grandfather arrived home he advised the parents to call 911.

The grandmother reported that she was aware the child was injured when he arrived at noon, as he needed to be carried into the home, and the stepfather told her “we beat him.” She said there was fluid flowing from the child’s nose and mouth, he had scratches on his temple, and his wrist was swollen. The stepfather said the child needed to rest so she laid down with him and she fell asleep. When she woke up the child was unable to be roused so she called the stepfather and told him to return to the home. He arrived between 2:30-3:00 PM and he called the grandfather and told him to come home. She asked him what happened to the child and he again stated, “we beat him.”

The grandfather reported that he had not seen the child since November 2020, and he was working when the child arrived on 4/1/21. The stepfather called him between 2:00-3:00 PM asking him to return home. When he arrived home around 5:00 PM, the child was stiff and cold, and he had a swollen wrist. He told the mother and stepfather to call 911.

The New York City Administration for Children’s Services spoke to several neighbors. They reported that they often heard the mother and children yelling and crying and that the stepfather had a bad temper. One neighbor said they contacted law enforcement in the past and offered the mother and stepfather assistance with finding therapy. The father said that he had to physically discipline the child and the neighbor said they educated him about not using physical discipline on a child.

EMS reported that the child had no signs of life, but he was transported to the hospital via ambulance at the parents’ request. EMS reported it was obvious the child was dead as rigor mortis had set in and no resuscitative efforts would benefit the child. Hospital records showed that the child had injuries in various stages of healing all over his body.

Law enforcement reviewed video camera footage from the airport on 3/6/21 which showed the child appeared fine when he returned home. They spoke to the maternal grandfather, who last saw the child on 3/30/21, and he said the child appeared to have no injuries. Video camera footage from the mother and stepfather’s home on 4/1/21 showed the stepfather carrying the child’s limp body and he was unresponsive. Law enforcement located and spoke to the child’s father over the phone, and he confirmed that he resides in another country and he said he had not seen the child in two years. His contact information was not provided to SCDSS.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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: Suffolk County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058167 - Deceased Child, Male, 5 Yrs	058171 - Stepfather, Male, 25 Year(s)	Lacerations / Bruises / Welts	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058172 - Grandparent, Male, 54 Year(s)	Inadequate Guardianship	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058172 - Grandparent, Male, 54 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058172 - Grandparent, Male, 54 Year(s)	DOA / Fatality	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058173 - Grandparent, Female, 52 Year(s)	Lack of Medical Care	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058173 - Grandparent, Female, 52 Year(s)	Lacerations / Bruises / Welts	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058173 - Grandparent, Female, 52 Year(s)	Inadequate Guardianship	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058173 - Grandparent, Female, 52 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058173 - Grandparent, Female, 52 Year(s)	DOA / Fatality	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058171 - Stepfather, Male, 25 Year(s)	Swelling / Dislocations / Sprains	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058171 - Stepfather, Male, 25 Year(s)	Lack of Medical Care	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058172 - Grandparent, Male, 54 Year(s)	Lacerations / Bruises / Welts	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058172 - Grandparent, Male, 54 Year(s)	Lack of Medical Care	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058171 - Stepfather, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058171 - Stepfather, Male, 25 Year(s)	DOA / Fatality	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058168 - Mother, Female, 25 Year(s)	Swelling / Dislocations / Sprains	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058168 - Mother, Female, 25 Year(s)	Lack of Medical Care	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058168 - Mother, Female, 25 Year(s)	Lacerations / Bruises / Welts	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058168 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated



Child Fatality Report

058167 - Deceased Child, Male, 5 Yrs	058168 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058168 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
058167 - Deceased Child, Male, 5 Yrs	058171 - Stepfather, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
058169 - Sibling, Female, 10 Month(s)	058168 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
058169 - Sibling, Female, 10 Month(s)	058171 - Stepfather, Male, 25 Year(s)	Swelling / Dislocations / Sprains	Substantiated
058169 - Sibling, Female, 10 Month(s)	058168 - Mother, Female, 25 Year(s)	Swelling / Dislocations / Sprains	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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:

The father resided out of the country and he was not interviewed face to face. Law enforcement was able to locate and speak to the father over the phone.

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"/>



Child Fatality Report

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

Explain:

An Article 10 Abuse Petition was filed and the sibling was placed in Foster Care. The mother and stepfather were referred for mental health evaluations and parent training.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

The sibling was placed in Foster Care on 4/1/21.

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:
04/02/2021	There was not a fact finding	There was not a disposition
Respondent:	058168 Mother Female 25 Year(s)	
Comments:	An Article 10 Abuse Petition was filed against the mother and stepfather and the sibling was placed in Foster Care. The petition was pending in Family Court at the time this report was written.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
04/02/2021	There was not a fact finding	There was not a disposition
Respondent:	058171 Stepfather Male 25 Year(s)	
Comments:	An Article 10 Abuse Petition was filed against the mother and stepfather and the sibling was placed in Foster Care. The petition was pending in Family Court at the time this report was written.	

Have any Orders of Protection been issued? Yes**From:** 04/05/2021**To:** 04/05/2022**Explain:**

An Order of Protection was issued barring the mother and stepfather from contact with the sibling.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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"/>

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:

Following the child's death, the sibling received a medical examination and treatment for her injuries. She was placed in a foster boarding home where she was assessed to be safe.

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

Explain:

The mother and stepfather were offered bereavement services, funeral assistance and mental health services and they declined. They were referred for mental health evaluations.

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 New York State.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No