



Report Identification Number: SY-22-028

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

Issue Date: Nov 16, 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

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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

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

Jurisdiction: Herkimer
Gender: Female

Date of Death: 06/06/2022
Initial Date OCFS Notified: 06/09/2022

Presenting Information

Herkimer County Department of Social Services (HCDSS) received an SCR report on 6/9/22, alleging that on 6/6/22, the mother dropped off the subject child with the daycare provider around 7:30AM. At that time there were no concerns for the infant, and she was acting normally. There were no concerns for the infant until around 3:30PM, when the daycare provider noticed that the infant was making noise while breathing, had a pale complexion, and was not acting normal. The father arrived at the daycare not long after and was notified of the concern. The daycare provider and the father contacted emergency services. When emergency services arrived, the father and the infant went in an ambulance to the hospital. The infant was at the hospital four to five hours, at which time the infant went into cardiac arrest and passed away. The infant was pronounced deceased at 9:13PM. The infant was an otherwise healthy child. The daycare provider had no explanation regarding what happened to the infant.

Executive Summary

This report concerns the death of a five-month-old infant, which occurred on 6/6/22. HCDSS received an SCR report regarding the child's death on 6/9/22. At the time of the child's death, she resided with her mother and father in Oneida County. The father had two children, aged 10 and 13, who resided with their mother. Oneida County Department of Social Services (OCDSS) was assigned a secondary role in the investigation, per the family's address. A secondary assignment was also given to OCFS Child Care Services due to the SCR registering the report as a daycare investigation.

On the morning of 6/6/22, the mother dropped the child off at daycare at approximately 7:30AM. The daycare was in Herkimer County. The mother reported the child did not appear to be in any distress nor did she display any symptoms or abnormal behavior when she left her at daycare. The daycare provider indicated the day of the incident, the child fell asleep around 3:30PM in a swing that she likes to play in, which was a normal behavior for this time of day. She slept approximately 20 minutes and then began to get fussy and appeared pale in color. This was not typical behavior for the child and the daycare provider picked her up out of the swing and held her on her lap. The child was lethargic and made a noise while breathing. It was approximately 4:00PM when the daycare provider noted the difference in breathing. The daycare provider knew the father would be arriving soon. The father arrived at daycare to pick up the child at approximately 4:30PM and noticed she was lethargic and not acting herself. The father called 911 to have the child evaluated and the father and child were subsequently transported to the hospital. A lifeflight transport was planned for further evaluation, however, the child's condition continued to decline. Intubation was performed with difficulty due to copious amounts of secretions. Treatments were without success and the child was no longer responding to verbal or physical stimuli. The child was pronounced deceased at 9:13PM on 6/6/22.

The medical examiner was notified of the fatality prior to the SCR report being made. An autopsy was performed, and the cause of death was novel corona (COVID 19) viral infection. The manner of death was natural. Law enforcement was aware of the fatality and had begun their investigation prior to the SCR report as well. Law enforcement interviewed the parents and daycare provider, and the investigation did not result in any legal charges.

HCDSS unsubstantiated the allegations against the daycare provider regarding the death of the child, as the cause of death was novel corona (COVID-19) viral infection, and the manner was considered natural. Notification of existence letters were sent untimely to the family members.

Bereavement support services were provided to the parents and daycare provider upon the conclusion of the investigation.



PIP Requirement

HCDSS will submit a PIP to the Regional Office within 30 days of receipt of this report. The PIP will identify action(s) HCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, HCDSS 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:
 - Safety assessment due at the time of determination? N/A

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

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:
Safety and Risk Assessments are not required in daycare cases, however, HCDSS and OCDSS assessed the siblings' safety within 24 hours and they were assessed safe. The manner of death was determined to be natural, caused by COVID-19. There were no additional service needs identified throughout the investigation and the case was closed.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
Summary:	Notice of Existence letters were not mailed until 9/16/22 & 9/20/22.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	HCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 06/06/2022

Time of Death: 09:13 PM

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

04:00 PM

County where fatality incident occurred:

Herkimer

Was 911 or local emergency number called?

Yes

Time of Call:

04:36 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: sitting in infant swing

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	5 Month(s)
Deceased Child's Household	Father	No Role	Male	40 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	58 Year(s)
Other Household 2	Other - Siblings' Mother	No Role	Female	38 Year(s)
Other Household 2	Sibling	No Role	Male	10 Year(s)
Other Household 2	Sibling	No Role	Male	13 Year(s)

LDSS Response

On 6/9/22, HCDSS received an SCR report regarding the death of the five-month-old SC, that occurred on 6/6/22. HCDSS initiated their investigation within 24 hours and learned LE and the district attorney's office were aware of the fatality. HCDSS contacted the source of the report and completed a CPS history check. OCDSS was assigned a secondary role per the family's address. HCDSS learned the half-siblings primarily resided with their mother and visited the BF, the parent in common with SC. OCDSS visited BF's home on 6/9/22 and assessed the half-siblings as safe.

HCDSS learned LE had already interviewed the family and DCP. A timeline of the events leading up to SC's death was described by the parents and DCP to LE and reviewed by HCDSS. The BM stated she brought SC to daycare at approximately 7:30AM on 6/6/22 and did not observe the child to be in any distress or displaying abnormal behavior. The BF stated he arrived at daycare approximately 4:30PM and noticed SC was lethargic and not acting herself. The BF called 911 to have SC evaluated and he and the child were transported via ambulance to the hospital. The DCP described the events leading up to the 911 call. The DCP confirmed SC was dropped off and did not appear in any distress. The SC drank 5oz of formula at 10:00AM and 2:00PM and she seemed to eat better than usual. The DCP indicated SC had normal



bowel movements throughout the day, however, just before leaving in the ambulance, she had a very loose stool. The SC napped approximately 20 minutes in a swing before becoming fussy at 3:30PM. The DCP noticed SC looked pale and she removed the child from the swing and held her. The DCP described SC as lethargic, and she made a noise the DCP had never heard before while breathing. At approximately 4:00PM, the DCP noticed a difference in SC's breathing and knew the BF would be arriving soon. HCDSS contacted the DCP who informed HCDSS she had closed the daycare and was out of town, but she agreed to contact HCDSS upon returning. HCDSS interviewed the DCP and learned that the DCP had no concerns for SC's care with her parents. The DCP shared that SC's BM told her that SC would not sleep on her back, and to let SC sleep in the swing. The DCP expressed knowledge of safe sleep recommendations and had a pack and play available which she indicated she used with all other CHN. The DCP provided the contact information of the families she provided care for. The only other CH present during the incident was a two-month-old infant.

OCDSS attempted to interview SC's parents, however, they refused to answer questions. HCDSS later interviewed SC's parents and BM confirmed SC passed away from COVID-19 and there were no signs of illness the morning SC was brought to DC. The half-siblings denied seeing SC sick, however, they were unaware of the cause of death. HCDSS was referred to LE by the parents for additional questions related to the fatal incident. The parents made statements to LE, which were previously obtained by HCDSS.

HCDSS contacted the parents of the CHN who attended the DC and interviewed the verbal CHN. No concerns were expressed about the care the DCP provided. One parent voiced they never had concerns for the care of their CHN, however, felt 911 was not contacted quickly enough. Contact with OCFS Child Care Services established the daycare did not meet the criteria to require licensing.

HCDSS received the autopsy report from LE which indicated a cause of death as novel corona (COVID-19) viral infection, and the manner of death was natural. LE informed HCDSS there would be no legal charges.

HCDSS contacted collateral sources, including LE, medical providers, family members, and the families attending the DC. Medical records were reviewed. HCDSS mailed information on bereavement services to the family and the DCP. HCDSS did not find evidence to support the allegations in the report, the SSs were assessed safe, and the case was unfounded and closed

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical 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? No

Comments: Herkimer 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
060741 - Deceased Child, Female, 5 Mons	060744 - Day Care Provider, Female, 58 Year(s)	DOA / Fatality	Unsubstantiated



Child Fatality Report

060741 - Deceased Child, Female, 5 Mons	060744 - Day Care Provider, Female, 58 Year(s)	Inadequate Guardianship	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:

The ME's report was received from LE. The parents refused to sign releases of information for SC's pediatrician, however they signed for EMS and the hospital. The SSS' mother signed for their Dr. SC's parents provided minimal input during interviews.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------



harm, were the safety interventions, including parent/caretaker actions adequate?

Explain:
The tools for safety assessments and the Risk Assessment Profile (RAP) are not available for day care cases. Although safety assessments in these instances are not required, HCDSS did assess and document the safety of the surviving siblings.

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"/>

Explain:
The parents and daycare provider were provided with bereavement counseling information at the close of the investigation. It is unknown if those services were utilized.

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"/>

Explain as necessary:
The surviving half-siblings did not reside in the subject child's household.

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



Child Fatality Report

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 type="checkbox"/>	<input checked="" 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 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 checked="" 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:
HCDSS mailed information on bereavement counseling to the parents of the surviving half-siblings at the close of the investigation. A service need was not immediately identified during the investigation. It is unknown if services were utilized.

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

Explain:
HCDSS mailed information on bereavement counseling to the parents and the daycare provider upon the conclusion of the investigation. No immediate service need was identified during the investigation. At the time of case closing, it is unknown if any services were utilized.

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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

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.

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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