

Report Identification Number: NY-14-141

Prepared by: New York City Regional Office

Issue Date: 6/16/2015

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.

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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
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	MN-Medical Neglect	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		

Case Information

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Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Manhattan
Gender: Male

Date of Death: 12/28/2014
Initial Date OCFS Notified: 12/28/2014

Presenting Information

On 12/28/14, the infant passed away at the family's home. There was no explanation for his death. He was an otherwise healthy child. The parents were his primary caregivers and were his caregivers at the time of his death.

Executive Summary

The two-month-old male infant died on 12/28/14. The Medical Examiner (ME) listed the cause and manner of death as Undetermined.

The allegations of the 12/28/14 report were DOA/Fatality and Inadequate Guardianship (IG) of the infant of the parents. ACS added to the report the allegations of Educational Neglect (EdN) of the twins and IG and Lack of Medical Care (MN) of the male twin by the mother.

ACS' investigation revealed at about 8:00 AM, the mother fed the infant in her bedroom and at about 9:00 AM, she returned the infant to his room. The infant was asleep at the time the mother placed him faced down in the crib. She placed a blanket over his feet. At about 10:00 AM, she checked the infant and observed he remained asleep. She also observed he was breathing. At about 12:00 PM, when she checked the infant, she found he was not breathing and his body was cold and stiff. She took the infant to her bedroom and placed him on the bed. The other household members were asleep at the time. The father woke to the sound of the mother's voice; the father shook the infant and observed the infant did not move. He called 911 for medical assistance and Emergency Medical Services (EMS) responded. EMS transported the infant to the hospital where he was pronounced dead.

ACS sought Family Court intervention due to the lack of follow-up of medically fragile children who also had developmental disabilities. On 1/12/15, ACS filed an Article Ten Neglect Petition in the New York County Family Court on behalf of the three half siblings, naming the mother as the respondent. The infant's father was not listed in the petition as he could not make an informed decision about the half siblings' medical care. The half siblings were paroled to the mother with ACS' supervision. On 5/7/15, Family Court activity occurred in which a settlement was reached on the case. The family was referred to New York Foundling (NYF) agency and they received Purchased Preventive Services (PPRS).

The ME informed ACS that the infant was placed in an unsafe position and there was a suspicion of positional asphyxia. Although it was likely that the position was the cause of death, based on findings, the ME did not rule out other components as there are a number of medical conditions that could lead to the death. The ME said the position was likely the reason that caused the death but could not rule out any natural diseases or natural components.

On 5/29/15, ACS unsubstantiated the allegation of DOA/Fatality of the infant by the parents and IG by the father. ACS noted the final diagnosis by the ME reflected that the infant was left unattended in a prone position in his crib and was face down and unresponsive. However, the cause and manner of death was listed as Undetermined as the ME was unable to definitively link the child's unsafe sleep position as the primary cause of death. The father was not given any instruction on safe sleep regarding the child. The father believed the mother was placing the child the correct way to sleep.

ACS substantiated the allegations of EdN, IG and MN of the male twin half sibling and EdN of the female twin half sibling by the mother. ACS substantiated the allegation of IG of the infant by the mother. ACS noted that the male twin had developmental disabilities and a pre-existing medical condition. The mother failed to provide the school with a medical device for this half sibling and the mother did not provide documentation to the school so medication could be administered by the school nurse. As a result, this half sibling missed 15 school days, thereby impeding the school supported services therapeutic services. The mother failed to make reasonable efforts for the female twin to undergo educational evaluation since September 2014. As a result, the female half sibling struggled in her Kindergarten class which had impeded her educational progress.

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?** No
 - **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

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.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	The ACS case record reflected that notes were not entered contemporaneously. There were events that occurred in early January 2015 but not entered until late February 2015.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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Child's activity at time of incident:

- | | | |
|----------------------------------------------|----------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)

LDSS Response

The mother said she woke at 8:00AM and at that time the infant was in his crib. The male twin half sibling was in the room in which the infant slept in the crib. The mother took the infant to her room, fed him and at about 9:00 AM, she returned him to his crib in his room. He was asleep and she placed him on his stomach in the crib. She placed a blanket over his feet. She said at 10:00 AM, she checked him and he was still asleep. At about 12:00 PM, when she checked the infant again, she observed he was cold, stiff and not breathing. She picked up the infant, took him to her bedroom and laid him on the bed. Everyone was asleep and the mother woke the father who placed the call for medical assistance. EMS performed cardiopulmonary resuscitation and transported the infant to the hospital.

The mother said her friends told her that placing the infant on his stomach was the best practice. She explained she used this sleep practice with the half siblings. The parents said they did not receive Safe Sleep practice education. Later, the mother said the infant was lying still in the crib with his face down in the blanket so she gave the infant to the father to see if he could revive him.

The father provided information which was similar to the information the mother provided. Later, the father said the mother called 911. The eleven-year-old half sibling recalled hearing the mother state the infant was not breathing.

ACS found the infant had a pre-existing medical condition. The mother said the physician's office planned to send her (by mail) a referral for the infant to receive a medical specialist examination. She did not receive a referral but she got a call

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the day before the appointment and she was unable to take the infant to visit the medical specialist. ACS noted the male twin had developmental disabilities and he received therapeutic services in his school.

The Specialist obtained the infant's medical records which showed the mother was given a 12/4/14 appointment with a medical specialist. The mother did not pick up the referral and did keep the appointment. Also, the records reflected the male twin had developmental disabilities and both twins had pre-existing medical conditions. The physician noted the mother loved the children but there were multiple no shows for scheduled appointments and missed well child and medical specialist appointments for the male twin.

The school staff said the male twin missed 15 days of school due to his medical condition. Since September 2014, the school staff asked the mother to produce documentation so they could administer medication and to provide the medical device to administer the medication. The mother did not provide the medication and device. The staff contacted the mother to pick up this half sibling which impeded the child's education progress as he missed his therapeutic services. Also in September 2014, the staff discussed with the mother the need for an assessment for the female twin since 9/14; the mother did not follow up.

ACS sought Family Court intervention due to the lack of follow-up of medically fragile special needs children. On 1/12/15, ACS filed an Article Ten Neglect Petition in New York County Family Court. On 5/7/15, a settlement was reached in Family Court. The family was referred to PPRS with the New York Foundling agency.

The ME said the infant's pre-existing medical condition did not play a role in his death. The ME's office re-enacted the scene with a doll at the home. Due to the infant's sleep position and bedding that seemed soft the infant may have lost the ability to breathe. ACS discussed the 'undetermined' cause and manner of death. The ME explained that the infant was placed in an unsafe position and there was a suspicion of positional asphyxia. Although it was likely that the position was the cause of death, currently they could not rule out other components as there are a number of medical conditions that could lead to the death.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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)?No

Comments: The investigation adhered to previously approved protocols for joint investigations.

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

Comments: The fatality was not reviewed by an OCFS Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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016261 - Deceased Child, Male, 2 Mons	016263 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
016261 - Deceased Child, Male, 2 Mons	016262 - Mother, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
016261 - Deceased Child, Male, 2 Mons	016263 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
016261 - Deceased Child, Male, 2 Mons	016262 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
016281 - Sibling, Male, 6 Year(s)	016262 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
016281 - Sibling, Male, 6 Year(s)	016262 - Mother, Female, 31 Year(s)	Educational Neglect	Substantiated
016281 - Sibling, Male, 6 Year(s)	016262 - Mother, Female, 31 Year(s)	Lack of Medical Care	Substantiated
016283 - Sibling, Female, 6 Year(s)	016262 - Mother, Female, 31 Year(s)	Educational Neglect	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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS' documentation reflected that notes were not entered contemporaneously. There were events that occurred in early January 2015 but not entered until late February 2015.

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

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 and placed in	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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foster care at any time during this fatality investigation?				
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/12/2015	There was not a fact finding	There was not a disposition
Respondent:	016262 Mother Female 31 Year(s)	
Comments:	ACS' documentation reflected on 1/12/15, the agency filed an Article Ten Neglect petition in New York County Family Court naming the mother as the respondent. A petition was not filed against the infant's father as he was not the biological father of the three half siblings and could not make an informed decision about their medical care. On 5/7/15, a settlement was reached in Family Court; an Adjournment in Contemplation of Dismissal (ACD) for twelve months. The conditions of the ACD included: continued compliance with PPRS services and individual therapy so long as clinically indicated. The mother was directed to ensure the children attend therapy so long as clinically indicated, ensure the children attend school regularly, and ensure the children's school had all necessary medications for the children. The children were required to attend all necessary medical appointments and comply with training or counseling that focuses on children safety.	

Have any Orders of Protection been issued? No

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>

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

Other, specify: PPRS

Additional information, if necessary:
 ACS documentation reflected that the services included documentation for Home Health Aid for the male half sibling, medical device for the male half sibling's school, and follow up with educational assessment for the six-year-old female half sibling. The family was referred for PPRS with the New York Foundling (NYF) agency.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 The ACS documentation reflected that Bereavement counseling was offered to the family.

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

Explain:
 ACS' documentation reflected that Bereavement counseling was offered to the family.

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 within three years prior to the fatality.

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

The infant's father was not known to the SCR or ACS. The mother was known as subject in one report dated 11/6/10. The allegation of the report was IG of the now eleven-year-old child and now six-year-old male child. The allegation was unsubstantiated pertaining to the mother but was substantiated against a male subject.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Services Open at the Time of the Fatality

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.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

- Yes No

Foster Care Placement History

There is no record of foster care placement 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