

Report Identification Number: NY-15-011

Prepared by: New York City Regional Office

Issue Date: 7/23/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

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

NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 01/31/2015
Initial Date OCFS Notified: 01/31/2015

Presenting Information

On 1/31/15, the infant was in the parents' care. At approximately 1:00 AM, the mother put the infant to sleep. At that time, the infant was healthy and had no pre-existing medical problems. At approximately 5:00 AM, the mother attempted to wake the infant and found the infant was not breathing. EMS was contacted and the infant was pronounced dead upon arrival at the hospital.

Executive Summary

The four-month-old male infant died on 1/31/15. As of 7/17/15, NYCRO has not received the final autopsy report.

The allegations of the 1/31/15 report were DOA/Fatality and IG of the infant by the parents.

On 1/31/15, ACS initiated the investigation. ACS' investigation revealed that the infant was born prematurely at 31.3 weeks and remained in the hospital for about a month before he was released to the parents' care. The infant had no pre-existing medical condition besides prematurity.

According to the mother's account, on 1/31/15 at approximately 1:00 AM, she fed and burped the infant. Then she cleaned him and changed his clothing prior to placing him on his back in his crib to sleep. The crib was placed against the bed and one of the side rails was down which permitted free access to the infant. The father was at work and the mother spoke with him on the telephone before she went to sleep. Between 1:00-1:30 AM the mother and infant went to sleep. At approximately 5:00 AM, the mother woke and she checked the infant as he was usually awake at that time. The mother discovered the infant's body was cold and yellow, the infant was not breathing and his eyes appeared to have an upward stare. She tried tapping the infant on his back and when the infant did not respond, she contacted the father and 911. She knocked on the paternal aunt's (PA) door and the PA tried to revive the infant. The father arrived home first and then the ambulance arrived. The father said the mother called him around 5:00 AM and she told him the infant was not breathing as the infant likely may be dead. He did not fully understand the mother's statements so he called 911 and also returned home. The infant was transported to the hospital. The surviving half sibling was not in the home as she was visiting her father at the time of the incident.

The ME informed ACS that there were no injuries found on the infant's body, there was no suspicion of infant abuse/maltreatment and the ME would possibly relate the cause to sleeping. According to the ME, the cause of death most likely will be listed as undetermined. The law enforcement staff informed ACS that there was nothing suspicious in the home and the crib was against the bed: with the rail down directly against the bed. There was a bumper guard around three sides of the crib and toys at the foot of the crib.

On 4/17/15, the mother informed ACS that she contacted a community based agency to begin counseling and she scheduled an appointment with the agency for 4/18/15. She explained that she completed the documentation and the counseling would start with the surviving half sibling.

The 4/21/15 safety assessment reflected that ACS assessed that there were no safety factors identified and there was no child likely to be in immediate or impending danger of serious harm. Also, ACS' documentation reflected that the

24 Hour child Fatality Summary Report was not completed as sections were left unaddressed. In addition, ACS did not provide adequate details of the interviews of the mother regarding the positioning of the infant at the time the mother found the infant was unresponsive, and items in the crib. Further, the half sibling's paternal uncle was a resource relative but he was not interviewed to obtain further information regarding his observations and knowledge of the case circumstances.

On 4/21/15, ACS unsubstantiated the allegations of DOA/Fatality and IG. ACS based the determination on the fact that the autopsy report had not yet been finalized. ACS explained that the preliminary findings did not indicate there were signs of child abuse/maltreatment. The mother was happy to have the infant home after birth as he was in the neonatal intensive care unit for about a month after birth. She was attentive to his needs and was willing to care for him. The father contacted the mother regularly to learn how the infant was doing throughout the night.

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?** No

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** Unable to Determine

Explain:

2a. was appropriate; documentation reflected he was at work at the time of incident.

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.

Required Actions Related to the Fatality

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

Issue:	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	ACS' case record reflected that the 24-Hour Child Fatality Summary Report was incomplete.
Legal Reference:	CPS Program Manual, VIII, B.1, page 2

NYS Office of Children and Family Services - Child Fatality Report

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.
Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 24 hour safety assessment for the 1/31/15 report was not completed in a timely manner as it was not completed until 2/2/15. In addition, it was inadequately completed as the safety decision did not support case circumstances.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
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.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	The seven day assessment was inadequately completed as the Specialist documented safety factors that were not reflected in the Investigation Progress Notes.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(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.
Issue:	Contact/Information From Reporting/Collateral Source
Summary:	The mother provided information about her resource relatives. However, ACS' documentation did not reflect that the MGM, MGGM, mother's uncle, and half sibling's paternal uncles were interviewed to obtain information regarding family functioning.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
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.
Issue:	Face-to-Face Interview (Subject/Family)
Summary:	ACS did not obtain details regarding the position of the infant at the time he was found unresponsive by the mother. ACS did not discuss whether the infant was found on his side, stomach or back and his breathing being impaired.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(a)
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.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/31/2015

Time of Death: 06:13 AM

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

County where fatality incident occurred:

QUEENS

Was 911 or local emergency number called?

Yes

Time of Call:

05:19 AM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)

LDSS Response

The Specialist interviewed medical providers, law enforcement (LE), parents and other collateral contacts. The LE staff said that the mother fed the infant at 1:00AM and had fallen asleep shortly thereafter. She woke at about 5:00 AM to check the infant and found he was not breathing. The father was at work at the time. The father spoke with the mother by phone at about 1:00 AM and she told him of her plan to feed the child. At about 5:00 AM, the mother contacted him and advised him that the infant was not breathing.

The parents informed Specialist that the infant was born premature and remained in the hospital for over a month. The parents provided information which was previously documented in the ACS case record. In addition, the mother said she fed the infant before placing him on his back in his crib. The Specialist observed the crib was flushed against the parents' bed with one side down, near the bed. The mother fell asleep but woke at about 4:45 AM and she found the infant not breathing and there was regurgitation near the side of his mouth. She called 911 prior to calling the father. The PA and her one-year-old female child were in the home at the time the mother observed the infant was unresponsive. The surviving half sibling was visiting her father at the time of the incident.

Later, the parents provided information which showed that the mother woke at about 5:00 AM, observed the infant was not awake, and believed it was strange as he was usually awake at that time. She touched the infant and he was cold. She observed his skin was yellow, he eyes focused upward and he was not breathing. She tried tapping the infant on his back and she contacted the father and then the ambulance. She knocked on the PA's door and the PA tried to revive the infant. The father arrived home first and then the ambulance arrived. The father said the mother called him around 5:00 AM and she told him the infant was not breathing and he may be dead. He was confused as he believed she told him she tried to call 911 but they did not understand her. He called 911 on his way home. The father said he had two female children from a previous relationship. Regarding the father's children from the other relationship, the ACS case record did not reflect ACS attempted to make the relevant collateral contacts.

On 2/2/15, the half sibling informed the Specialist that her father took her back to his home that night. The half sibling said the mother had informed her that the infant went to the sky but she realized the infant died. A home visit was conducted and the PA was interviewed. The PA rented a room in the home. The PA said she became aware of the incident when she overheard crying and observed the EMS responded to the home. Later, the mother informed the Specialist that when she knocked on the PA's door, the PA tried to revive the infant.

On 4/8/15, ACS spoke with the physician who had examined the infant on 1/22/15. The physician said the infant's physical examination was normal. The interview did not reflect whether the physician had discussed safe sleep practices with the parents.

The ME noted there was no suspicion of child abuse/maltreatment and the cause of death would be related to sleeping. Also, the cause of death most likely will be listed as undetermined. Later, LE staff informed ACS that there was nothing suspicious in the home and the crib was against the bed with the rail down directly against the bed. There was a bumper guard around three sides of the crib and toys at the foot of the crib. A 911 call was generated on 1/31/15 at 5:19 AM from a male caller. The LE said the mother's 911 call may have been merged with the father's call. The EMS Liaison informed ACS that the EMS records showed a male was not breathing, and there was a third party not on the scene but expressing to be en-route. The Liaison could not state the callers' specific identity as multiple calls are made but not all go through the Liaison.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

NYS Office of Children and Family Services - Child Fatality Report

Comments: The fatality investigation was not conducted by an MDT.

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

Comments: There is no OCFS approved Child Fatality Review team in NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017378 - Deceased Child, Male, 4 Mons	017380 - Father, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
017378 - Deceased Child, Male, 4 Mons	017379 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
017378 - Deceased Child, Male, 4 Mons	017379 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
017378 - Deceased Child, Male, 4 Mons	017380 - Father, Male, 29 Year(s)	DOA / Fatality	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The MGM was not interviewed during the investigation; the mother said she had the support of her family. Regarding the

NYS Office of Children and Family Services - Child Fatality Report

father's children from the other relationship, the ACS case record did not reflect ACS attempted to make the collateral contacts.

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

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

NYS Office of Children and Family Services - Child Fatality Report

	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 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 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? There was no legal activity

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 On 4/17/15, the mother informed the Specialist that she contacted a community based agency to begin counseling and

she scheduled an appointment with them on 4/18/15. She said she completed the documentation and the counseling would start with the surviving half sibling. Prior to ACS intervention, the family made burial arrangements.

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:

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:

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:

- | | |
|---|--|
| <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 within three years prior to the fatality.

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

NYS Office of Children and Family Services - Child Fatality Report

The parents were not known to the SCR or ACS.

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