



Report Identification Number: NY-15-021

Prepared by: New York City Regional Office

Issue Date: 9/15/2015

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.



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: 2 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 03/20/2015
Initial Date OCFS Notified: 03/20/2015

Presenting Information

On 3/20/15, the three-month-old, an otherwise healthy infant, died while co-sleeping with the parents. The infant had been fed around 5:00 A.M. The report alleged that after the infant was fed the parents placed him in the bed with them to sleep. The parents woke around 9:00 A.M. to find the infant unresponsive. The infant was determined to be dead by the responding medical professionals.

Executive Summary

This three-month-old male child died on 3/20/15. The child had been co-sleeping with his parents and the four-year-old female surviving sibling. The BM fed the SC at 5:00 A.M., on 3/20/15 then placed the SC on his back in the bed with her, the BF and four-year-old surviving sibling. The BM awoke at 9:00 A.M. and found the SC face up and unresponsive. The BF called 911 for emergency medical assistance and was instructed to administer CPR to the SC until EMS arrived. The SC and BF were transported to Flushing Hospital where the infant was pronounced dead at 9:52 A.M. The allegations of the 3/20/15 SCR report were DOA/ Fatality, IG, LMC and L/B/W of the three-month-old infant, by the parents.

ACS' documentation revealed the ME reported there were no signs of abuse, neglect, or trauma to the SC. The ME also reported the cause and manner of death were undetermined. On 5/19/15, the ME told the Specialist there was no evidence of rollover or suffocation. According to the parents, the SC had no medical conditions and there was no indication of illness prior to the SC's death. LE found no criminality and there were no arrests.

The parents explained that on the night of the incident, the four-year-old surviving sibling awoke and came into their bed as usual. The SC was already in the bed and according to the parents, the children were more comfortable with them in the bed. The parents received safe sleep training from the hospital where their children were born. ACS documented the parents had appropriate sleep accommodations for the children but they opted to share their bed with both children. The parents explained they believed nothing would happen to the SC because nothing happened to the surviving sibling when she slept in the same bed with them in the past. Both parents denied drug or alcohol use. The parent's bedroom contained a queen size bed that was pushed against a wall. The SC's bassinet was placed horizontal to the head of the bed between the chest and the bed. The BM had a make shift padding on the bed for the SC in addition to a towel folded into a square to function as a barrier between the BM and the SC, and a pillow against the wall. ACS documented the BM was five feet, eleven inches tall, two-hundred thirty-nine pounds and the BF was five feet, nine inches tall, one-hundred ninety pounds.

ACS received information from each child's pediatrician. The children's immunizations were current and neither Dr. had concerns regarding the care the parents provided the children. Both parents attended a clinical session on 3/31/15 and will continue to receive therapy once per week.

According to the Dr., counseling for the surviving sibling would be recommended if the sibling showed signs of regression, withdrawal or acting out but this was not evident. The Dr. had no concerns regarding the care the BM provided the surviving sibling. The surviving sibling remains in the care of the parents. The BM explained that at the



time of the incident she covered the surviving sibling's face to avoid her seeing the SC and being traumatized.

On 5/19/15, the Specialist assessed the surviving sibling to be safe with her parents. On the same date, ACS unsubstantiated the allegations of DOA/ Fatality, LMC, IG, and L/B/W of the SC by the parents. ACS' determination was based on the ME's preliminary report pertaining to the SC's death that indicated there were no signs of rollover or suffocation. ACS determined the parents acted inappropriately by allowing both children to sleep in the bed with them but there was no evidence their actions played a role in the death of the SC. ACS' documented the parents immediately sought medical assistance and the children received regular medical care prior to the incident. ACS did not address the allegation L/B/W in the determination narrative. ACS noted the sibling appeared well cared for and was enrolled in daycare. The parents are engaged in counseling. On 5/19/15, ACS unfounded and closed the case.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? 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? Yes

Explain:

- Was the decision to close the case appropriate? Yes
- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No
- Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
The ME's preliminary report listed the infant's death as undetermined. ACS documented the surviving sibling was safe at home with the parents, who are both engaged in counseling.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
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NYS Office of Children and Family Services - Child Fatality Report

Summary:	The 24 Hour Safety Assessment was completed timely; however, ACS documented there were safety factors that placed the surviving sibling in immediate/impending danger although there were no safety factors to support that decision.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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 7 Day Safety Assessment was completed timely; however, ACS documented there were safety factors that placed the surviving sibling in immediate or impending danger of serious harm although the safety factors chosen did not support that decision.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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:	Pre-Determination/Supervisor Review
Summary:	The 5/19/15 Safety Assessment contained the correct safety decision but the incorrect case closure reason. The case closure should have been "Investigation Determination" and not "Case Close" which is used for closing foster care or service cases.
Legal Reference:	18 NYCRR 432.2(b)(3)(v)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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: 03/20/2015

Time of Death: 09:52 AM

Time of fatal incident, if different than time of death: 05:00 AM

County where fatality incident occurred: QUEENS

Was 911 or local emergency number called? Yes

Time of Call: 09:15 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No



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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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

LDSS Response

On 3/20/15, ACS responded to the report within the required time frame. ACS obtained information from the first responders and interviewed the parents. LE reported the BM fed the SC at approximately 5:00 A.M. on 3/20/15, and they went back to sleep. The SC was placed in a supine position. The SC, BM, BF, and four-year-old surviving sibling slept together in the queen size bed. The BM awoke later that morning at 9:00 A.M., to find the SC on his back, face up and unresponsive. The BM woke the BF who called 911 and was instructed by the operator to perform CPR until medical assistance arrived. The BF and SC were transported to Flushing Hospital in Queens where the SC was pronounced dead at 9:52 A.M.

The Specialist interviewed the EMTs who reported that upon arrival to the home the BM "appeared nonchalant as she entered the bedroom." However, the BF was crying while he performed CPR on the SC on the living room floor. The SC was positioned on his back and appeared to be in cardiac arrest with no vitals. The EMTs reported they had not seen the surviving sibling but described the home as clean, and with appropriate sleeping accommodations. The attending physician reported there were no suspicious marks, bruises, or any visible signs of suffocation on the SC and he appeared to have been well cared for.

The Specialist observed the parent's bedroom that contained a queen size bed that was pushed against a wall. The SC's bassinet was placed horizontal to the head of the bed between a chest of drawers and the bed. The BM had a makeshift padding on the bed for the SC. The Specialist noted there was a towel folded in a square to function as a barrier between the BM and the SC. The BM reported that prior to the incident, the SC was his normal self. ACS documented the BM was



approximately five feet, eleven inches tall and about two hundred and thirty five pounds. The father was described as five feet, nine inches tall and about one hundred ninety pounds.

On 3/30/15, ACS' documented the ME determined the cause and manner of the SC's death was undetermined. LE found no criminality and there were no arrests. Between 3/30/15 and 5/19/15, ACS made numerous collateral contacts with LE, the DA's Office, the surviving sibling's day care provider.

Since the incident, both parents have engaged in counseling and the parents denied drug or alcohol use. ACS documented the BM had been educated about safe sleep prior to the death of the SC. The BM's Dr. reported no there were no concerns regarding the quality of care given the children. The children's pediatricians reported their immunizations were current and there were no concerns with the care the parents provided.

On 5/19/15, the Specialist assessed the surviving sibling to be safe with the parents. ACS completed the 24-hour, 7-day Safety Assessments and the safety decisions chosen did not reflect the specifics of the case. There were no safety factors that placed the surviving sibling in immediate danger of serious harm. The 5/19/15 safety assessment type should have been Investigation Determination instead of "Case Closing."

On 5/19/15, ACS unsubstantiated the allegations of DOA/ Fatality, LMC, IG, and L/B/W of the three month-old SC by the parents. ACS determination narrative stated ACS found no credible evidence and based their decision on the ME's findings that listed the infant's death undetermined. ACS documented that although the parents acted inappropriately by allowing both children to sleep in the bed with them, there was no evidence their actions played a role in the infant's death. ACS' decision also stated the parents acted inappropriately then unfounded the case; ACS also documented the parents immediately sought medical assistance and that the children had received regular medical care. ACS did not address in the progress notes or determination the reason for adding the allegation L/B/W to the report.

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 ACS investigation adhered to previously approved protocols for joint investigation.

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

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
018441 - Deceased Child, Male, 2	018442 - Mother, Female, 29	DOA / Fatality	Unsubstantiated



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Mons	Year(s)		
018441 - Deceased Child, Male, 2 Mons	018442 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
018441 - Deceased Child, Male, 2 Mons	018443 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
018441 - Deceased Child, Male, 2 Mons	018443 - Father, Male, 32 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS reviewed the necessary documentation pertinent to the investigation.

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



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At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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



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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The parents are receiving bereavement counseling through a private arrangement and the surviving sibling is now enrolled in a pre-K day care program. The surviving sibling has not displayed any indications of regression, or withdrawal and the psychologist has not recommended any counseling for the child.

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? N/A

Explain:

Services were not needed.

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

Explain:

The parents receive bereavement counseling through a private arrangement.



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 family was not known to the SCR or to ACS.

Known CPS History Outside of NYS

There was no known CPS 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

Additional Local District Comments

The ACS case investigation was thorough and the determination was completed within the required timeframe.

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