



Report Identification Number: NY-15-055

Prepared by: New York City Regional Office

Issue Date: 12/22/2015

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



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

Jurisdiction: Queens
Gender: Male

Date of Death: 07/05/2015
Initial Date OCFS Notified: 07/05/2015

Presenting Information

The 7/5/15 SCR report alleged that the four-day-old infant was found deceased in a bassinet at the home by the mother and the father. The infant had been released from the hospital on 7/4/15 after being born premature. The infant was otherwise healthy and medically released from the hospital. As the infant was otherwise healthy and his death occurred at home, all the adults in the home were named as subjects pending the outcome of the investigation. The mother, father, PA, PGM and an adult cousin were the alleged subjects. The twelve-year old and ten-year-old children had unknown roles.

Executive Summary

This male infant died on 7/5/15. As of 12/7/15, NYCRO has not yet received the M.E.'s report.

The allegations of the 7/5/15 report were DOA/Fatality, IG and LS of the infant by the mother, father, PA, PGM, and paternal cousin.

ACS' findings showed that the infant was born at approximately 38 weeks gestation. Following his birth, he remained hospitalized for routine medical care. On 7/4/15, the infant was discharged to the parents' care. The infant was last seen alive when the father fed the infant around 4:00 AM on 7/5/15, the infant was burped and placed on his back in the bassinet before he went to sleep. The infant was found by the mother in the bassinet unresponsive at approximately 6:30 AM in the room the infant shared with the parents. The mother alerted the father who called 911 at 6:51 AM. The father was coached by 911 to perform CPR. The father and PA continued CPR on the infant until EMS arrived. Upon EMS' arrival, the infant was limp, appeared purple in color and was not breathing. EMS transported the infant, parents and PA to Elmhurst Hospital at 7:10 AM. CPR was continued at the hospital; however, the infant remained unresponsive until pronounced deceased by emergency room (ER) physician at 7:32 AM.

The ME informed ACS that the photos taken showed the infant had no trauma to the body. There were no external injuries observed during the autopsy. According to the ME's preliminary findings it was medically determined that the infant died from sudden infant death syndrome (SIDS).

According to the ACS case record, there was no evidence that the parents, PA, PGM or the paternal cousin had history of DV, mental illness and substance abuse. The Specialist contacted the parents, interviewed them separately as well as all adult household relatives, the minor cousin and the half-sibling who were in the home at the time of the incident. All household members had similar accounts of the incident with no inconsistencies. It was revealed the mother received safe sleep education, was encouraged by hospital staff to breast feed and was taking prescribed medication while in the hospital and upon her discharge. A home visit was conducted by the Specialist to assess the infant's sleeping environment. Each room of the three bedroom apartment was observed to be safe and appropriate. An enactment was conducted of the room the infant shared with the parents. In the parents' room, the Specialist observed that the bassinet was one inch from the bed. The room also included a crib with baby products inside between the bassinet and a window with an air conditioner. The relatives residing in the household reported there was nothing in the bassinet that could cause the infant to suffocate. The mother and the twelve-year-old cousin reported



there was a small blanket covering the infant below the waist.

Although there were no surviving children in the mothers' custody, the infant's half-sibling visited the father's home weekly. The half-sibling and twelve-year-old cousin reported they had no complaints about the care they received in the home by the parents or the other household members.

ACS offered bereavement and burial service to the parents. The parents accepted ACS' offer for PPRS on 8/27/15. However, on 9/15/15, ACS closed the services case after it was determined that the family did not need CPS involvement.

During the investigation, ACS gathered pertinent information about the circumstances surrounding the infant's death by observing the family's home and by obtaining relevant information from the parents, all household relatives, LE and emergency room staff. ACS made appropriate collateral contacts regarding the half-sibling and twelve-year-old cousin.

On 9/3/15, ACS unsubstantiated the allegations of DOA/Fatality and IG of the infant by the parents, PG, PGM and the paternal cousin on the basis that the infant's death was related to sudden infant death syndrome (SIDS).

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

The level of casework activity was commensurate with the case case circumstances.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

N/A



Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/05/2015

Time of Death: 07:32 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:

06:51 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

How long before incident was the child last seen by caretaker? 3 Hours

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	Aunt/Uncle	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	61 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Other Adult	Alleged Perpetrator	Male	20 Year(s)



NYS Office of Children and Family Services - Child Fatality Report

Deceased Child's Household	Other Child	No Role	Female	12 Year(s)
Other Household 1	Other	No Role	Female	32 Year(s)
Other Household 1	Sibling	No Role	Female	10 Year(s)

LDSS Response

According to the paramedic who responded to the scene, FDNY was the first to arrive to the home. The paramedic reported the infant was observed positioned on his back while CPR was performed by FDNY on the bed in the parents' bedroom. The infant appeared blue in color and there were no obvious signs of death or rigor mortis. The paramedic confirmed the parents and a relative traveled along with the infant in the ambulance to the hospital.

ACS obtained information from the hospital Emergency Room Dr. who said on 7/5/15 upon arrival in the hospital, the infant was in cardiac arrest. The infant's body temperature was low and he had no pulse or respirations. The hospital staff continued CPR in addition to medicating and intubating the infant until he was pronounce deceased.

The ME stated that photos of the infant's body were taken and the preliminary findings showed the infant had no internal injuries and no trauma to the body. The final autopsy report was pending the results of additional tests.

The Specialist visited the half-sibling's home and assessed there was no safety concerns. The Specialist interviewed the half-sibling's mother who said there were no concerns regarding the care the father and infant's mother provided the half sibling. The half sibling's mother said the half-sibling visited the fathers' home weekly in the summer and the father provided well for the half-sibling. The Specialist interviewed the half-sibling who reported she was happy to have a brother; however, on the morning of the infant's death she was asleep and did not see the infant. The half-sibling stated she and the twelve-year-old cousin stayed at the infant's home with the PGF before they were both taken to the hospital where they learned, the infant had died. ACS confirmed the half-sibling and minor cousin's enrollment in school on 7/6/15.

On 8/7/15 the Dr. who had discharged infant from hospital on 7/4/15 said, at the time the infant was discharged to the parents' care, the infant was fine and there were no medical concerns or issues. The Dr. noted that the medication prescribed to the mother would not have prevented the mother from breast feeding the infant nor cause an adverse impact on the infant's health. ACS obtained the medical information requested by ACS staff for the mother, infant, half-sibling and minor cousin.

According to LE, on 7/6/15 the parents were accompanied by other relatives at the hospital. The LE verified the parents were informed of the infant's death and were escorted home by LE. On 8/27/15, ACS staff contacted LE and was informed that the police closed their investigation and there were no criminal actions.

Both parents denied they had a history of substance abuse or health issues. The Specialist offered the parents bereavement services on 7/6/15. On 8/10/15, ACS provided the father a list of bereavement counseling providers and on 8/27/15, a referral was made for services. ACS opened the Family Services Stage of the case and continued to offer the family preventive services for the purpose of providing support services. However, ACS closed the services case on 9/15/15. ACS noted that the family no longer required CPS involvement and the family was actively engaged in bereavement services.

During the investigation, ACS entered timely progress notes, made diligent efforts, and obtained information from pertinent collateral contacts. ACS made sufficient and relevant face-to-face casework contact with the parents and all household members.



NYS Office of Children and Family Services - Child Fatality Report

On 9/3/15, ACS unsubstantiated the allegations of DOA/Fatality and IG of the infant by all the adults in the home on the basis that the death certificate indicated the infant died of sudden infant death syndrome. There was no indication that the parents or the relatives had acted in any manner to endanger or harm the infant.

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

Comments: The 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
018623 - Deceased Child, Male, 4 Day(s)	018624 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	018622 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	018622 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	018626 - Grandparent, Female, 61 Year(s)	DOA / Fatality	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	018627 - Aunt/Uncle, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	019501 - Other Adult - cousin, Male, 20 Year(s)	DOA / Fatality	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	019501 - Other Adult - cousin, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	018627 - Aunt/Uncle, Female, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	018624 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
018623 - Deceased Child, Male, 4 Day(s)	018626 - Grandparent, Female, 61 Year(s)	Inadequate Guardianship	Unsubstantiated



NYS Office of Children and Family Services - Child Fatality Report

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"/>

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



NYS Office of Children and Family Services - Child Fatality Report

siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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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

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"/>



NYS Office of Children and Family Services - Child Fatality Report

Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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:

According to the ACS record, the parents' request for burial assistance occurred after the infant's burial therefore, it was not provided. The parents were referred and accepted bereavement referral with PPRS on 8/27/15. Subsequently, ACS determined that CPS involvement was not required. The parents received community based services.

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:

There were no identified immediate needs.

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

Explain:

On 7/6/15, ACS offered bereavement services to the parents who said they would consider accepting the services. On 8/10/15, ACS provided the father with referrals for bereavement counseling. The parents accepted the referral for community based services.

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

There was no known CPS history more than three years prior to fatality.

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

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