



Report Identification Number: NY-15-067

Prepared by: New York City Regional Office

Issue Date: 3/25/2016

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 | LMC-Lack of Medical Care | EdN-Educational Neglect |
| EN-Emotional Neglect | SA-Sexual Abuse | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter | IG-Inadequate Guardianship | LS-Lack of Supervision |
| Ab-Abandonment | OTH/COI-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: 3 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 08/30/2015
Initial Date OCFS Notified: 08/30/2015

Presenting Information

On 8/30/15, the SCR registered two reports that alleged the BM heard the three-month-old SC gasping for breath and the family immediately called 911. EMS arrived at the family's home as the SC was in cardiac arrest. EMS performed CPR in the ambulance while in transit to the hospital and the SC was pronounced dead at 8:25 A.M. The SC had no known medical conditions and the death is considered suspicious. The allegations of both of the reports were DOA/Fatality and IG of the SC by the parents and the SC's adult sister. (AS)

Executive Summary

On 8/30/15, the SCR registered two reports alleging the death of a three-month-old male infant. The allegations of the 8/30/15 report were DOA/Fatality and IG of the SC by the parents and the SC's adult sister. (AS)

ACS initiated an investigation into the death of the three-month-old SC and made contact with the appropriate collaterals such as EMS, LE, attending physician and the ME. ACS learned that on 8/30/15, the BM fed the SC at 5:50 A.M. and left him in the presence of his AS. The BM left the room for approximately thirty minutes and upon her return the SC went into cardiac arrest. The EMS ambulance transported the SC to Elmhurst Hospital where he died.

EMS reported that upon their arrival at the home, they observed that the SC was in cardiac arrest. The Dr found no physical signs on the SC that indicated there was any neglect or maltreatment of the SC. LE found no criminality and there was no arrest or charges filed against the parents. According to the ME, the SC died of natural causes.

ACS interviewed the family, pediatrician and the sixteen year old surviving sibling's school staff. The other members of the family had no concerns regarding the quality of care provided to the SC by the parents. The Dr reported the SC's immunizations were current and the SC was a well child with no medical conditions or indications of illness. The parents home was assessed to be safe and the SC had appropriate sleeping accommodations. The sixteen-year-old surviving sibling was doing well in school and was also very involved in school activities. The family declined services offered by ACS.

On 10/29/15, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the parents and the AS. ACS based their determination on the information obtained during their investigation. ACS documented there was no trauma or criminality that suggested neglect or maltreatment of the SC by the parents or AS.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**



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- 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

ACS completed a thorough investigation.

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 notes a consultation took place, but no details noted.

Explain:

The decision to close the case was appropriate, the investigation was completed and the family declined services.

Required Actions Related to the Fatality

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

| | |
|-------------------------|---|
| Issue: | Timely/Adequate 24 Hour Assessment |
| Summary: | The initial safety assessment dated 8/30/15 listed safety decision #3 because the teen surviving sibling was not home at the time. The child not being home at the time of the initial visit does not indicate immediate or impending danger. |
| 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. |

Fatality-Related Information and Investigative Activities**Incident Information**

Date of Death: 08/30/2015

Time of Death: 08:25 AM



Time of fatal incident, if different than time of death: 06:20 AM

County where fatality incident occurred: QUEENS

Was 911 or local emergency number called? Yes

Time of Call: 06:20 AM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- checkbox Sleeping, checkbox Working, checkbox Driving / Vehicle occupant, checkbox Other, checkbox Playing, checkbox Eating, checkbox Unknown

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

How long before incident was the child last seen by caretaker? 10 Minutes

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

Table with 5 columns: Household, Relationship, Role, Gender, Age. Rows include Deceased Child's Household with relationships like Adult Sibling, Deceased Child, Father, Mother, and Sibling.

LDSS Response

On 8/30/15, the SCR registered a report that alleged the death of a three-month-old male infant in the home with his parents. The allegations of the 8/30/15 report were DOA/Fatality and IG of the SC by the parents and the SC's AS. A second report with the same allegations was registered and the two reports were consolidated.

On 8/30/15, the ACS Specialist visited Elmhurst Hospital (EH) and obtained information from the first responders, LE, the ME investigator and the attending physician. LE reported they received the 911 call at 6:20 AM stating a three-month-old infant was in distress and when they arrived at the home two minutes later they found the BF standing in the doorway holding the SC. LE reported the SC was taking short deep breaths, he appeared very sweaty and his eyes were "rolled." According to LE, EMS arrived at 6:27 AM and the paramedics arrived at 6:32 AM. The Dr found no external signs of



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maltreatment or abuse. The assigned detective interviewed the family and reportedly found no criminality. The ME reported the preliminary findings stating that the infant appeared to have died from natural causes.

On the same date, the Specialist visited the home and interviewed the BM who stated she had last fed the SC at 5:40 AM and placed the SC on his back on the bottom bunk bed and asked the SC's AS to watch him. The BM went to the kitchen to wash bottles while the AS monitored the SC who was cooing and smiling. When the BM returned to the bedroom she stated the "SC started to fuss" and the BM attempted to give him more formula which he refused. According to the BM and AS, the BM walked around the room with the SC in an attempt to soothe him when "he became stiff and his eyes rolled into the back of his head." The AS alerted the BF who applied rubbing alcohol on the SC's arms and shoulder in attempt to have the SC maintain consciousness while the AS summoned 911 for medical assistance. The family did not perform CPR and ACS did not explore whether the 911 operator gave instructions. EMS transported the SC to EH where he was pronounced dead at 8:25 AM on 8/30/15.

The ACS Specialist conducted numerous visits to the home. The parents and surviving siblings told the Specialist the SC was a well-child without any medical conditions or illnesses. The BM provided most of the care for the SC although the AS assisted the BM when needed. On 8/31/15, the BF explained to the Specialist that he rubbed alcohol on the SC "hoping the cooling or vapors would revive the SC. The sixteen year old and the AS both attended school, high school and college, respectively. The parents reported no mental illness or DV. The family members who lived upstairs stated that the parents provided very good care to all of their children, especially the SC. The SC's Dr reported the SC's immunizations were current and there were no concerns regarding the care the parents provided the SC.

On 10/29/15, ACS unsubstantiated the allegations DOA/Fatality and IG of the SC, by the parents and the AS. ACS based their determination on the results of their investigation. ACS documented that they found no aggravating factors present that may have caused any impairment or imminent danger to the SC. ACS also stated there was no trauma or criminal activity that suggested maltreatment or abuse was detected.

Official Manner and Cause of Death

Official Manner: Natural

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: There is no approved OCFS Child Fatality Review in the New York City region. ACS adhered to previously approved protocols for joint investigation.

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

Comments: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation |
|-------------------|------------------------|---------------|------------|
| NY-15-067 | FINAL | | |



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| | | | Outcome |
|---|--|-------------------------|-----------------|
| 023981 - Deceased Child, Female, 3 Mons | 023983 - Father, Male, 41 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 023981 - Deceased Child, Female, 3 Mons | 023984 - Adult Sibling, Female, 18 Year(s) | DOA / Fatality | Unsubstantiated |
| 023981 - Deceased Child, Female, 3 Mons | 023984 - Adult Sibling, Female, 18 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 023981 - Deceased Child, Female, 3 Mons | 023982 - Mother, Female, 35 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 023981 - Deceased Child, Female, 3 Mons | 023983 - Father, Male, 41 Year(s) | DOA / Fatality | Unsubstantiated |
| 023981 - Deceased Child, Female, 3 Mons | 023982 - Mother, Female, 35 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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:

This ACS investigation adhered to previously approved protocols for joint investigation.

Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to |
|--|-----|----|-----|-----------|
|--|-----|----|-----|-----------|



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| | | | | 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"/> |
| 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 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

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



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| | | | | |
|--|--|--|--|--|
| removed as a result of this fatality report/investigation? | | | | |
| Explain as necessary: The sixteen-year-old surviving sibling attends school regularly and is performing well academically. | | | | |

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 family has lots of support from other family members and close friends.

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



Explain:
The siblings were offered services but they declined. They stated they would seek support from their religious affiliation.

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

Explain:
ACS offered services for the surviving siblings were offered services but they declined. They stated the would seek support from their religious affiliation.

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 is no CPS history.

Known CPS History Outside of NYS



There is no 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