



Report Identification Number: NY-15-068

Prepared by: New York City Regional Office

Issue Date: 4/5/2016

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



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 09/03/2015
Initial Date OCFS Notified: 09/03/2015

Presenting Information

The 9/3/15 SCR report alleged that at an unknown time while the babysitter was the sole caretaker for the infant, the infant was observed to be unresponsive in a baby carriage that she was in over an undetermined period. The babysitter took the infant out of the carriage when she noticed the infant was not breathing and then attempted CPR but the infant remained unresponsive. Shortly after attempting CPR, the babysitter contacted EMS who responded on the scene at 1:46 PM. It was unknown whether EMS attempted CPR. The infant was then transported to Brookdale Hospital where she was pronounced dead at an unknown time. The infant did not have any pre-existing medical condition, she was an otherwise healthy infant; therefore, her death appeared suspicious. The mother, the 10-year-old and 13-year-old children were not home at the time of the incident.

Executive Summary

The 3-month-old female infant died on 9/3/15. The autopsy report listed the cause of death was Undetermined and the manner of death was Undetermined.

The allegations of the 9/3/15 report were DOA/Fatality and IG of the infant by the babysitter.

The investigation was initiated on 9/3/15. ACS' investigation revealed that on 9/3/15 at about 8:04 AM, the babysitter met the mother at the train station to pick up the infant. The babysitter was the infant's Godmother. The infant's parents were at work at the time of the incident. The babysitter went home, changed the infant, fed and burped her, and rocked her to sleep. She placed the infant in the stroller on her side and strapped her in. The babysitter said she was unsure of the time she placed her in the stroller. About ten minutes after strapping her in, she was going to wake the infant to change her. The babysitter sat on the sofa while the infant slept and she said she never left her side. She ran her finger across the infant's foot and she did not respond. When she went to pick up the infant, the infant was blue and limp. The babysitter attempted to give CPR then realized she could not do so on the sofa, she put the infant on the floor and attempted CPR. She told her daughter to call 911 and the operator talked her through doing CPR again. There was a brown substance coming out of the infant's nose. When EMS arrived, they performed CPR and transported the infant to the hospital. The babysitter was the only one caring for the infant. There were no other children in the babysitter's home. The babysitter reported that the infant had no medical issues and was healthy. ACS observed the stroller and the location of the infant in the living room.

The babysitter had provided care of the infant since 8/3/15. She babysat Monday through Friday during the day until the mother picked her up at about 6:30 PM. She said she did not babysit any other children. She is not a licensed babysitter. The babysitter said she was clean for 17 years and drug of choice was marijuana. She admitted to using marijuana after the infant's death. Documentation reflected that on 10/8/15, the babysitter said she would take a drug test. A referral was made for a drug test.

The mother left the home at about 7:55 AM to meet the babysitter and the babysitter arrived at about 8:20 AM. The mother said she arrived at work at 8:30 AM. At about 12:00-12:30 PM, she got a call from the babysitter's daughter informing her of the infant not breathing and she needed to get to the hospital. When she arrived, the babysitter's



daughter was at the hospital; not the babysitter. The mother was told the infant had passed away. The babysitter said that LE told her she could not leave the home; her daughter went to the hospital.

On 9/9/15, a conference was held. The safety plan included referral for bereavement therapy and to assisting the family with burial expenses. The documentation reflected that community based organization (CBO) referrals for bereavement services were made on 9/24/15. A PPRS referral was made on 9/21/15 and a joint home visit conducted on 10/1/15 with Edwin Gould Services for Children and Families in which the family signed for services.

The 24-Hour Safety Assessment was not completed timely as it was completed on 9/10/15. It was also inadequate as there was no assessment of the surviving siblings and the the comments did not support the selected safety factors.

On 9/10/15, the ME informed ACS that there was no evidence of trauma or natural disease. There was a small amount of mucoid fluid found in the stomach. The substance was tan/brown; it did not resemble formula or breast milk. There were also no signs of constipation as this was a noted concern by the babysitter.

On 2/19/16, ACS substantiated the allegations of DOA/Fatality and IG by the babysitter. The babysitter was unable to give an account of how long the infant was left unattended before she realized the infant was unresponsive.

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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** No

Explain:

The mother and babysitter used to work together for the past five years. The babysitter reported that she and the mother hung out together, attended family functions, the mother had visited her home, and she had visited the mother's home. The babysitter stated that the mother had not visited her new home as she recently moved there in June 2015.

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:

NA



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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 24-Hour Safety Assessment was not completed timely as it was completed on 9/10/15. It was also inadequate as it pertained to the deceased infant, not surviving siblings. In addition, there were comments that did not support the safety factors.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Appropriateness of allegation determination
Summary:	ACS added the mother as a subject and substantiated the allegation of IG of the infant. The determination did not incorporate that the babysitter was the infant's god mother and the mother stated that the babysitter was a family friend for years.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/03/2015

Time of Death: 02:29 PM

Time of fatal incident, if different than time of death: 01:15 PM

County where fatality incident occurred:

KINGS

Was 911 or local emergency number called?

Yes

Time of Call:

01:43 PM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown



Other

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

Is the caretaker listed in the Household

Composition? No

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	Female	3 Month(s)
Deceased Child's Household	Father	No Role	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Other Household 1	Other	Alleged Perpetrator	Female	50 Year(s)
Other Household 1	Unrelated Home Member	No Role	Male	52 Year(s)
Other Household 1	Unrelated Home Member	No Role	Female	30 Year(s)

LDSS Response

During the investigation, the ACS staff interviewed the babysitter, infant's parents, babysitter's daughter, LE, ME, ME Office Staff, Dr., and school staff.

The ME Office Staff informed ACS that the babysitter said she put her in the stroller around 1:30 PM. A short time after placing the infant in the stroller, she checked the infant and found her unresponsive. EMS received a 911 call at 1:43 PM. The ME Office Staff confirmed the child care provider's as the babysitter and the babysitter adult daughter. Both were caring for the infant since August 2015. Later, ME Office Staff said the babysitter and babysitter daughter met the mother in the morning to pick up the infant. The babysitter said the feeding was fine and the infant was burped by her daughter.

On 9/3/15, the babysitter said that she placed the infant on her side in the stroller. Later, she said in the living room she played with the infant. She fed and burped her, and rocked her to sleep. The babysitter put her down at about 12:15 PM in the stroller on her back, but she was not sure of the time she placed her down. She strapped in the bottom and the left shoulder. About ten minutes later, she felt the infant's diaper. The infant did not move. The babysitter took the infant to the babysitter daughter's bedroom and her daughter began CPR. The babysitter's daughter said she called 911. The babysitter said she knew the mother for five years, attended family functions, and they visited each other's home. The mother did not visit her new home as she moved there in June 2015.

On 9/3/15, the mother said she had no concerns regarding the infant being in the babysitter's care. The mother was unsure



as to where the infant slept in the babysitter's home as she had never been to her home. The babysitter was her friend and the infant's Godmother. The mother said she would like counseling for everyone in the family. Later, the mother said at about 2:00 PM she got a call from the daughter regarding the infant. ACS noted there were inconsistencies with the time of events when the mother received the phone call. The mother said she and the infant's father used marijuana in the home. The mother said the stroller was new and the name of it was snap and grow stroller 3-position stroller. The stroller could be turned into a bassinet. The two surviving siblings were picked up from school by their cousin, and the cousin told them of the infant's death.

On 9/4/15, the father said that the morning of 9/3/15, the last time he saw the infant was before he left the home. He admitted he used marijuana due to his religion. He said he smoked every day and used to smoke in the home prior to the infant's birth. He used it outside on the streets. He said the mother also used marijuana due to her religion. He is only the father of the infant. The father had an 8-year-old and 3-year-old, from two previous relationships. The father declined to provide information about the two children.

The babysitter's daughter said she was not in the room when the infant stopped breathing. She said the infant was alive and playing prior to the time the babysitter asked her to assist with the infant. She followed the 911 operator directives and placed the infant on the floor and on the table to provide CPR. She provided CPR until EMS arrived.

On 9/6/15, LE informed ACS that the babysitter performed CPR on the infant.

On 9/15/15, ACS opened the Family Services Stage and provided PPRS to the family.

On 10/28/15, the CP from Edwin Gould Services informed ACS the mother was referred to CAMBA for housing support services for rent assistance. Grief counseling was also located for the family. The CP was also in the process of getting the two surviving siblings in the Boys and Girls Club for a mentoring program.

ACS documentation reflected neither parent was working and there were concerns of eviction. During the 12/11/15 home visit, the mother informed ACS that the family began to receive PA benefits.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

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

SCR Fatality Report Summary



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Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
023001 - Deceased Child, Female, 3 Mons	025841 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
023001 - Deceased Child, Female, 3 Mons	023005 - Other - Babysitter, Female, 50 Year(s)	DOA / Fatality	Substantiated
023001 - Deceased Child, Female, 3 Mons	023005 - Other - Babysitter, Female, 50 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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"/>

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"/>



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

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

Explain as necessary:
The infant was under the care of a babysitter at the time of the incident.



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

Other, specify: PPRS

Additional information, if necessary:

A PPRS referral was made on 9/21/15 and a joint home visit conducted on 10/1/15 with Edwin Gould Services for Children and Families in which the family signed the agreement for services. The parents declined to take a drug test. The babysitter received bereavement counseling information.

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:

Community based organization (CBO) referrals for bereavement services were made on 9/24/15. A PPRS referral was



made on 9/21/15 and a joint home visit conducted on 10/1/15 with Edwin Gould Services for Children and Families in which the family signed the agreement for services. The children received counseling in school.

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

Explain: The documentation reflected that community based organization (CBO) referrals for bereavement services were made on 9/24/15. A PPRS referral was made on 9/21/15 and a joint home visit was conducted on 10/1/15 with Edwin Gould Services for Children and Families at which time the family signed for 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
[] Had heavy alcohol use
[] Smoked tobacco
[] Used illicit drugs
[X] Was not noted in the case record to have any of the issues listed
Infant was born:
[] Drug exposed
[] With fetal alcohol effects or syndrome
[X] With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

The babysitter was not known to the SCR or ACS as a subject. ACS' documentation reflected that she was known to ACS pre-Connections. The mother was not known to the SCR or ACS as a subject.



Known CPS History Outside of NYS

There was no known history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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