



Report Identification Number: NY-16-076

Prepared by: New York City Regional Office

Issue Date: 12/29/2016

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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
FM-Foster Mother	SS-Surviving Sibling	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 07/22/2016
Initial Date OCFS Notified: 07/22/2016

Presenting Information

On 7/22/16 the SCR registered two reports regarding the death of this 2-month-old child. The first report alleged on 7/22/16 at 7:30 AM, the otherwise healthy SC died. The SC had no preexisting medical conditions. The SM had the SC face up on the bed and mentioned to the SF the SC was not breathing.

The second report alleged the SC died at about 8:00 AM on 7/22/16. The SC had no preexisting medical conditions. There was blood in the SC's mouth and nose, but there were no other visible injuries. The SC was in the care of her parents and both parents had access to the child this morning. The report also alleged at 7:00 AM the mother brought the SC to the father, stating the SC was not breathing, and that the mother did not know what she had done.

Executive Summary

This two-month-old female child died on 7/22/16. The autopsy report listed the cause and manner of death as undetermined.

On 7/22/16, the SCR registered two reports regarding the death of the child. The allegations of the reports were DOA/Fatality and Inadequate Guardianship of the child by the parents.

ACS initiated the investigation of the report within the mandated time frame and made the appropriate contacts. ACS's investigation revealed on 7/21/16 at about 11:15 PM the parents went out for a "date night". Prior to leaving the children with the nanny the mother fed the two month old child. The nanny fed the child between 12:00 midnight and 12:30 AM (7/22/16). The parents reported they had some red wine at one pub/bar, then met some friends at the neighborhood pub to socialize. The parents went to three different pubs. In the first pub they had 2 Guinness each, at the next pub the father had 2 or 3 Guinness and the mother decided to drink red wine because she felt the Guinness was making her too full on top of the meal that they had. The parents said the entire time they were out, they maintained constant communication with the nanny.

Sometime after 2:00 AM on 7/22/16 the parents returned home and after the nanny left the residence the father picked up the SC, from her cradle, swaddled her and then laid her in her bassinet. The father indicated the child was alive as the child succeeded in unwrapping herself and he had to swaddle her again. The position in which the SC child was placed was not documented. The father went into another room to sleep. Later that morning, the mother, who had been in the room with the SC, screamed. The father went to her aid and saw the mother holding the unresponsive child in her arms.

The parents called 911 and an EMS ambulance responded. Neither the time of the call nor the time EMS responded was documented in the record. The child was transported to the hospital where she was pronounced dead at 8:07 AM on 7/22/16.

ACS offered the family bereavement services and Alcohol Abuse counseling. The parents refused the offer and



sought services privately. ACS confirmed that the one-year-old surviving sibling was engaged in play therapy. ACS also documented the sibling was doing well with her parents and there were no concerns regarding her safety

On 10/6/16, ACS unsubstantiated the allegation of DOA/Fatality of the two month old child by the parents on the basis that the ME did not find any signs of trauma, abuse or foul play during the child's autopsy. Additionally, ACS documented there was "not sufficient evidence" to determine if the mother's actions had a direct impact on the child's death. ACS also documented the cause of death and manner of death were undetermined. ACS did not apply the legal standard of some credible evidence when making the determination as it pertained to the mother. ACS' documented there was "not sufficient" which implies there was some credible evidence, which is the basis for the substantiation of an allegation.

ACS unsubstantiated the allegation of IG by the father but did not provide a concise narrative to address the basis of the decision.

ACS substantiated the allegation of IG of the child by the mother. ACS documented despite being knowledgeable of safe sleep practices for infants the mother placed the child in imminent danger of being harmed by falling asleep with the child in the bed with her. The mother told the ACS staff she could not remember how the child got into the bed with her, and surmised she must have picked up the child to feed her. ACS also documented as the investigation progressed it was revealed the mother had consumed wine with her dinner prior to going with the father to three local bars where she further consumed both wine and Guinness before returning home.

The report was indicated and the family was referred to community based services after refusing ACS's offers for services.

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:

N/A

Was the decision to close the case appropriate? Yes

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



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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

Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	The Risk Assessment Profile was not adequately completed. In the elevated Risk section of the profile, ACS made contradicting statements regarding the death of the child. Supervisory Staff approved this document with the inconsistent information.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took 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:	Appropriate Application of Legal Standards (Abuse/Maltreatment)
Summary:	ACS did not apply the legal standard of some credible evidence when making the determination as it pertained to the mother. ACS' documented there was "not sufficient" which implies there was some credible evidence.
Legal Reference:	SSL 412(1) and 412(2)
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 unsubstantiated the allegation of IG by the father but did not provide a concise narrative to address the basis of the decision.
Legal Reference:	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
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



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Date of Death: 07/22/2016

Time of Death:

Time of fatal incident, if different than time of death: 07:30 AM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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:

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

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

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

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At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

Total number of deaths at incident event:

Children ages 0-18: 001

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	039 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	No Role	Female	001 Year(s)

LDSS Response

Upon receipt of the report, ACS staff reviewed and discussed the intake report, contacted the source of the report, and made contact with NYPD officers and detectives assigned to assess any criminality in relation tot he death of the child. ACS staff also made contact with the parents, nanny, paternal aunt, the ME and the family's primary care physicians.

The nanny said the parents left the home around 11:15 PM on 7/21/16 and they fed the child before they left. The nanny



said she fed the child at 12:30 AM on 7/22/16 and when the parents arrived at about 2:00 AM the child was alive. The nanny said the parents did not appear inebriated; they were jolly. She said the father walked her out and the mother went straight into their room. She said that when she left the home the child was asleep in her rocker. The nanny said she did not have any concerns regarding the care the parents provided the children.

On 7/22/16 and 7/26/16, ACS made a home visit and observed the surviving sibling. ACS assess the parents had a safe environment for the child and that there were no safety concerns regarding the child. During the same visit, ACS interviewed the parents. The mother reported on 7/21/16 before they left home, she fed the child. She stated she along with the father then went out and had a few drinks while they were out. They returned home around 02:30 AM on 7/22/16. The mother said she put the child in her bassinet before she went to bed; however, when she woke up, the child was in the bed with her. Specific details regarding the time the mother awoke were not documented. The mother said the child was lying on her side, and when she touched the child, the child's body was cold and there was blood in her nose. The mother said she screamed for the father and ran from the room with the child. The father took the child while she called 911 for emergency services. The documentation did not reflect the time of the call. The mother said she could not remember how the child ended up in the bed with her and suggested she may have taken the child from the bassinet to feed her. Her husband took the child and she called 911. The ambulance transported the child to the hospital and the child was pronounced dead at 8:07 AM on 7/22/16. The ACS Specialist asked her how the child got in the bed with her. When asked about Safe Sleep conversation, the mother indicated she was a nurse in the well-baby nursery and she knew about safe sleeping arrangements and positions for infants.

The father confirmed the details provide by the mother. He indicated while they were out they had a few drinks but they were not drunk. The father said that the last time he saw the child alive she was sleeping in her bassinet in their bedroom. He said that he did not sleep in the bedroom because the mattress bothers his back so he slept on the bed in the spare bedroom. The father said next time he saw the child was when the mother screamed. The father said he attempted CPR while the mother called for medical assistance. He explained that the ambulance brought the child to the hospital.

On 7/29/16 the child was buried. The family, when offered services by ACS, refused and sought services privately.

On 8/1/16, ACS made contact with the ME who reported there was no trauma to the child. There was anterior lividity and blanching, which indicated at some point the child had been laying on her belly. The Specialist addressed the concern that blood was seeping from the child's nose. The ME explained that this was "purge fluid" which was sometimes confused as blood and that purge fluid occurred naturally following death.

During the course of the investigation, ACS maintained contact with the family and assessed safety of the surviving sibling at each contact. ACS staff followed up on information obtained from collaterals and appropriately completed engaged the family.

On 10/6/16, ACS indicated the report.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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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 NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
033361 - Deceased Child, Female, 2 Mons	033401 - Father, Male, 039 Year(s)	DOA / Fatality	Unsubstantiated
033361 - Deceased Child, Female, 2 Mons	033401 - Father, Male, 039 Year(s)	Inadequate Guardianship	Unsubstantiated
033361 - Deceased Child, Female, 2 Mons	033363 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
033361 - Deceased Child, Female, 2 Mons	033363 - Mother, Female, 38 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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Additional information:

The surviving child in the household was one year old at the time of the fatality. While the Specialist did not interview the child, there was documentation to reflect that the Specialist saw the child and interacted with the child.

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



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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 or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 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"/>



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Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Additional information, if necessary:
 Parents declined ACS's offer for service referrals. The family privately sought, and was engaged in the 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? Yes

Explain:
 The family obtained private services which included bereavement counseling and play therapy for the one-year-old surviving sibling. These services were provided through the Seleni Institute. ACS confirmed the family was participating in the services

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

Explain:
 The family obtained private included bereavement counseling 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



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

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

The family was not known to the SCR or ACS prior to the 7/22/16 report.

Known CPS History Outside of NYS

The family did not have any CPS history outside of NYS.

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