



Report Identification Number: NY-18-018

Prepared by: New York City Regional Office

Issue Date: Aug 01, 2018

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 | PS-Parent Sub |
| CH/CHN-Child/Children | OA-Other Adult | |
| 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 |
| CPS-Child Protective Services | | |
| 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-Other | |
| 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 | COS-Court Ordered Services |
| OP-Order of Protection | RAP-Risk Assessment Profile | FASP-Family Assessment Plan |
| FAR-Family Assessment Response | Hx-History | Tx-Treatment |
| CAC-Child Advocacy Center | PIP-Program Improvement Plan | yo- year(s) old |
| CPR-Cardiopulmonary Resuscitation | | |



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 02/23/2018
Initial Date OCFS Notified: 02/23/2018

Presenting Information

The 2/23/18 SCR report alleged that on 2/23/18, the SC was found unconscious and not breathing while in the care of the parents. The SC had no prior medical conditions. The emergency number 911 was called and EMS administered CPR on the SC. The SC was transported to Lincoln Hospital where they worked on the SC for at least two hours. The SC could not be saved and later died at the hospital. The parents failed to provide any kind of explanation as to what happened to the SC.

Executive Summary

The 6-month-old female child (SC) died on 2/23/18. As of 8/1/18, NYCRO had not received the autopsy report.

The allegations of the 2/23/18 report were DOA/Fatality and IG of the SC by the parents.

ACS learned that on 2/23/18, the SF fed the SC and then placed the SC on a queen size mattress in the SM and SF's bed to sleep. The SF could not recall whether he placed the SC on her side or stomach. He recalled that the SC faced towards the window/wall. He stayed in the bedroom for about 10 minutes until she fell asleep and then he went to the living room. The SM was in the bathroom. The door to the bedroom was left open. He believed the SM checked the SC once or twice. He reported that after she checked the SC, the SM did not return to check on her again for 10-15 minutes, and at that time the SM and MA found the SC unresponsive. The SM said it was dark in the bedroom as there was dull lighting, and the SM turned on a flashlight to observe the SC. The SC was brought to the living room. The emergency contact number 911 was called, EMS arrived and attempted to resuscitate the SC; however, the SC remained unresponsive. The SC had no surviving siblings. The SC had a 5-month-old male surviving cousin. The cousin resided in the home with his parents who were the SC's MA and MA's paramour.

On 2/25/18, ACS visited the cousin's PGF and PGM as they assisted with supervision of the cousin. The cousin was well groomed and dressed appropriately. The cousin did not have appropriate sleeping arrangements. The next day ACS delivered a Pack and Play for the cousin.

On 2/28/18, the ME reported there was no preliminary cause of death. The ME said there was no trauma or injuries observed on the SC. Later, the ME said the result of the toxicology report was negative.

On 4/6/18, LE said there were interviews conducted with the family. An analyst tested the contents of the SC's bottle and there were no controlled substances identified in the liquid.

On 4/25/18, ACS visited the home and provided the MA with information for bereavement. The MA said she was not interested in services. The MA was provided with information to give to her paramour and the SM and SF.

ACS did not provide the Notice of Existence (NOE) to the SM and SF, who were the subjects of the report, and the MA and MA's paramour in a timely manner. ACS provided the NOEs on 4/28/18. The documentation did not reflect that ACS interviewed the EMS Liaison to obtain information about their observations of the SC, household members and home condition.

The 2/23/18 report had not yet been determined at the time this fatality report was issued.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

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? N/A

Explain:

The investigation that began on 2/23/18 had not yet been completed.

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:

The investigation that began on 2/23/18 had not yet been completed.

Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Failure to provide notice of report |
| Summary: | ACS did not provide the Notice of Existence (NOE) to the subjects of the report, MA and the MA's paramour in a timely manner. ACS provided the NOEs on 4/28/18. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(ii)(f) |
| Action: | ACS must submit a PIP 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: | Contact/Information From Reporting/Collateral Source |
| Summary: | The documentation did not reflect whether ACS contacted the EMS to obtain information about observations of the SC, household members and household conditions. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(ii)(b) |



Action: ACS must submit a PIP 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: 02/23/2018

Time of Death: 11:01 PM

Time of fatal incident, if different than time of death:

Unknown

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

06:40 PM

Did EMS 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? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|------------------------------|---------------------|--------|------------|
| Deceased Child's Household | Aunt/Uncle | No Role | Female | 19 Year(s) |
| Deceased Child's Household | Deceased Child | Alleged Victim | Female | 6 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 24 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 26 Year(s) |
| Deceased Child's Household | Other Adult - Paramour of MA | No Role | Male | 22 Year(s) |
| Deceased Child's Household | Other Child - cousin | No Role | Male | 5 Month(s) |

LDSS Response



ACS interviewed LE on 2/24/18 and learned that on 2/23/18, the SF gave the SC milk and medication. The SF then placed the SC on the SM and SF's bed on her stomach facing the wall. The SF placed the SC surrounded by pillows, toys and stuffed animals. About 10 minutes later, the SC fell asleep and the SF went into the living room. The SM and MA went to the SM and SF's room where they found the SC unresponsive. They observed there was clothing that had fallen on the SC in the bed. They brought the SC to the living room and 911 was contacted. According to LE, the SM and SF had clothing strewn throughout their room. The SC slept in a crib, but sometimes slept in SM and SF's bed. The interview with LE did not reflect that ACS asked about the amount of time that had elapsed between the time the SC was last observed and the time the SM and MA found the SC unresponsive.

On 2/26/18, the SF said the SC was provided a medication for teething symptoms at about 11:00 AM on 2/23/18. LE secured the medication that was provided to the SC. The SF said he had not used marijuana for approximately 2 ½ years prior to February 2018. The SF was on parole and he provided information for his parole officer (PO). The SM said she gave the SC one “feeding spoon” of a medication that was not prescribed by a physician. ACS observed the parents' bedroom and described it as “cluttered.” There were clothes, bumpers, photographs and stuffed animals inside the crib, and additional clothing hung on the front and back of the crib.

ACS verified that the PO was aware of the SC's death. The PO said the SF completed a drug/alcohol program and anger management sessions at a community based agency.

On 2/27/18, the MA’s paramour said the SC slept in a crib in the SM and SF's bedroom. Regarding the incident, the paramour said he was in the home when he observed the SM give the SC to the SF and asked for the SF's assistance upon her finding the SC unresponsive. The paramour observed the SF place the SC on the floor as the family contacted 911.

The MA informed ACS that she accompanied the SM to the SM and SF's bedroom and found the room was dark as only the lights hung on the door illuminated the room. The SM turned on a flashlight to observe the bedroom. The MA said she saw the SC lying face down on a pile of clothes. The SC's legs faced towards the MA and her head faced towards the wall. The MA said the SC had learned to “push herself upward” while sleeping. The SM took the SC, the MA accompanied them to the living room and they attempted to administer CPR to the SC.

On 3/1/18, the SC’s physician said the medical records showed the SC did not have a pre-existing medical condition. Later, ACS received medical documentation from the physician. The documentation reflected that the SC was not prescribed medication.

The documentation reflected that the cousin was in the home at the time of the incident on 2/23/18. ACS visited the home on 3/14/18, and discussed safe sleep practices with the MA.

On 4/27/18, during a home visit, the parents informed ACS that LE confiscated the SC’s spoon that was used to administer the medication, the medication, SC’s blanket, shirt she wore that day, the SC's feeding bottle and MA’s key. The SM recalled that at the time the SC was placed to sleep the items in the bed were: two body pillows, two regular size pillows, a big and small stuffed animal and a teething toy in the bed. ACS addressed the burial arrangement for the SC and provided bereavement information for the household.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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

Comments: The investigation adhered to previously approved protocols for joint 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

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 046521 - Deceased Child, Female, 6 Mons | 046522 - Mother, Female, 26 Year(s) | DOA / Fatality | Pending |
| 046521 - Deceased Child, Female, 6 Mons | 046522 - Mother, Female, 26 Year(s) | Inadequate Guardianship | Pending |
| 046521 - Deceased Child, Female, 6 Mons | 046523 - Father, Male, 24 Year(s) | DOA / Fatality | Pending |
| 046521 - Deceased Child, Female, 6 Mons | 046523 - Father, Male, 24 Year(s) | Inadequate Guardianship | Pending |

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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Responders | <input type="checkbox"/> | <input checked="" 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:

The documentation did not reflect whether ACS contacted EMS to obtain information about their observations of the SC, household members and home conditions.



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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|

Explain as necessary:
 There were no surviving siblings and no other children in the care of the SM and SF. The surviving cousin resided in the household and he was in the care of the MA and paramour who were not subjects of the report. There were no safety concerns regarding the cousin.

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 | 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 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:
 ACS provided information for bereavement counseling locations to the parents of the SC, MA and MA's paramour.

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



Explain:
There were no surviving siblings and no other children in the SM and SF's care. The surviving cousin resided in the home with the MA and her paramour. The cousin did not have immediate needs.

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

Explain:
ACS provided information to the parents of the SC, MA and MA's paramour regarding locations that provided bereavement counseling.

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? N/A
- 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 in NYS within three years prior to the fatality.

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

The parents were not known to the SCR or ACS as subjects.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.



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