



**Report Identification Number: NY-18-078**

**Prepared by: New York City Regional Office**

**Issue Date: Jan 17, 2019**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 3 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 08/02/2018  
**Initial Date OCFS Notified:** 08/02/2018

## Presenting Information

The SCR report alleged on 8/2/18, at about 12:00 AM, the SM and SF slept alongside the SC in the parent's bed. At approximately 1:00 AM, the SM awoke and observed the SC was pale, cold, unresponsive, and there was blood coming out of the nose. The SM attempted CPR and the SF called 911. The SC's surroundings appeared appropriate, there were no visible injuries, and he had no pre-existing medical condition. EMS arrived at the home and performed CPR on the SC. EMS continued to perform CPR on the way to the hospital. The SC was pronounced dead at 3:15 AM at the hospital. The SM and SF were subjects of the report.

## Executive Summary

The 3-month-old male child (SC) died on 8/2/18. The autopsy listed the cause of death as undetermined and the manner of death was undetermined (bed sharing with adults).

The allegations of the 8/2/18 report were DOA/Fatality and IG of the SC by the SM and SF.

ACS learned that on 8/1/18, at about 11:00 PM, the SM and SC were at the PGM's home when the SF changed the SC's diaper and then placed the SC on his back over the blanket on the SF's full-size bed. The SM fed the SC at approximately 11:45 PM. The SM and SF then went to sleep alongside the SC in the SF's bed: the SM was in the middle and SF on the edge of the bed. The SF's bed was near the window and radiator, and there was a pillow between the mattress and radiator. The SM awoke at approximately 1:30 AM on 8/2/18 and observed the SC's face was blue and unresponsive. There was blood exiting his nose. At around 1:30 AM, the SF awoke to the SM's screams and observed discoloration in the SC's face which was blue. The SF called 911, received instructions from the operator and administered CPR to the SC. The SM said the SC had a "stuffy" nose for a three-day period prior to 8/2/18, but his health condition was not serious and his temperature was normal. There was no crib or playpen in the PGM's home. The SM said she was informed about safe sleep. The SC had a 7-yo male half-sibling (HS) who was visiting his father at the time of the 8/1/18 incident. The SF had two other CHN (7-yo male and 5-yo female) who resided with their mothers.

On 8/2/18, the PGM said the SM, SF and SC arrived at her home at about 10:00 PM. She observed the SC and then went into her room. She awoke to the SM's screams and was aware of EMS response. According to the PGM's account, the SM visited her home once or twice weekly, and during the visits, the SC slept on the bed with the SM and SF. Sometimes the SM and SF utilized a relative's portable crib for the SC. The PU said he observed the SF place the SC on the bed, he was aware they slept in the room and later he overheard the SM scream. The PU1 provided an account that was similar to the information ACS received from the PGM and PU.

On 8/2/18, ACS held a conference and determined the family did not need Family Court intervention. The SM and SF agreed to accept PPRS, bereavement counseling, drug testing for the SM and SF, burial assistance, and furniture to address sleeping arrangements for the HS. The SM agreed that the 7-yo HS would reside with his father for a few weeks and the SM and SF agreed to stay with the MA and not supervise the CHN.

The 8/2/18 and seven-day safety assessment documents were inadequate as ACS included associated comments that did not justify whether there were safety factors that placed the surviving HS in immediate or impending danger. The SCR report was dated 8/1/18 and the seven-day safety assessment was not completed within the required timeframe as it was approved on 8/9/18.



ACS had not yet completed the investigation at the time of issuance of this fatality report.

## 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? N/A
- 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? N/A

### Explain:

NA

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

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 8/2/18 safety assessment document was inadequate. ACS included associated comments that did not justify whether the SM and SF's action or inaction placed the surviving HS in immediate or impending danger.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	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:** 08/02/2018

**Time of Death:** 03:15 AM

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

01:30 AM

**County where fatality incident occurred:**

Bronx

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

Unknown

**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

**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	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	46 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	25 Year(s)
Other Household 2	Sibling	No Role	Male	7 Year(s)
Other Household 3	Sibling	No Role	Female	5 Year(s)

### LDSS Response

On 8/2/18, the SM was in the PGM's home when she fed the SC and fell asleep at about 12:00 AM. At about 1:00 AM, the SM awoke and checked the SC. The SM observed the SC had blood coming from his nose. The SM attempted to wake the



SC then attempted CPR. Regarding the SC's medical status prior to the 8/2/18 incident, the SM said the SC had a stuffy nose which she treated with an aspirator. The SM relocated to reside with the MA and agreed that she would not supervise the CHN in the household pending the ACS investigation. The SM and SF agreed to PPRS, bereavement services and drug testing. The documentation reflected the MGM had temporary custody of the 7-yo HS.

ACS verified the SF resided with in the PGM's home. The PGM's household composition included 3 PU's (one PU was 16 years old), PA and two nephews (11 years old and 6 months old). The SF sometimes utilized the PA's pack n play for the SC. Regarding the sleep position at the time of the 8/2/18 incident, the SF slept on the edge of the bed and the SC was near the air conditioner (referred to as a radiator in the ACS case record). The SF said he fell asleep and awoke to the SM's scream. He called 911 and was directed to place the SC on the floor and perform CPR. He said he did not drink alcohol. The SF agreed he would not supervise the CHN who resided in the PGM's home.

The father of the 7-yo HS confirmed the HS would temporarily reside with him as part of a family arrangement. Later, ACS visited this father's home, engaged the 7-yo HS and assessed the HS believed the SC was ill and hospitalized. The HS did not believe the SC died.

On 8/2/18, the MA said the last time she saw the SC was on 7/31/18 and at the time the SC seemed healthy. According to the MA's account, the SC had a stuffy nose. She did not recall whether the SM said the SC had a cold. Later, ACS visited the MA's home and verified the MA was willing to accommodate the SM and SF.

During the interview with ACS, the PA said she usually allowed the SM and SF to utilize a portable crib which was no longer located in her home. The PA was in the PGM's home at the time of the 8/2/18 incident and she subsequently learned of the SC's death. ACS provided safe sleep information to the PA as the PA had a 6-month-old male CH.

On 8/6/18, the SM said the 7-yo HS returned to reside in the MGM's home. The SM continued to reside with the MA. ACS provided the SM with information to obtain counseling for the HS through a community based agency.

On 8/30/18, ACS visited the MGM's home and observed the HS, SM and SF. The SM said the parents resided with the MA but visited the MGM's as they were aware of the ACS visit. The SM provided ACS with documentation for burial assistance. The SM had contacted the community based agency and the HS was scheduled to begin bereavement services on 9/12/18. Later, ACS contacted the community based agency and confirmed the HS was scheduled to receive services.

On 9/11/18, ACS and Good Shepherd Services (GSS) agency conducted a joint home visit and discussed PPRS.

On 10/23/18, ACS visited the MA's home and engaged the SM, SF and HS. The SM said the MGM had an appointment and left the HS in MA's care. ACS observed the HS and found he did not have marks or bruises. ACS advised the SM that PPRS would remain open for the family.

On 11/5/18, the SM said she was unable to participate in services. She said she planned to travel to a foreign country on 11/7/18.

### 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:** Th 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
048581 - Deceased Child, Male, 3 Mons	048585 - Father, Male, 25 Year(s)	DOA / Fatality	Pending
048581 - Deceased Child, Male, 3 Mons	048585 - Father, Male, 25 Year(s)	Inadequate Guardianship	Pending
048581 - Deceased Child, Male, 3 Mons	048582 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending
048581 - Deceased Child, Male, 3 Mons	048582 - Mother, Female, 26 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

There were no "other persons named" in the report.

### Fatality Safety Assessment Activities



# Child Fatality Report

	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"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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"/>
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**Explain:**  
 The 8/2/18 safety assessment was inadequate. ACS included associated comments concerning the SC but did not address safety of the surviving half-sibling. The Seven-Day safety assessment was inadequate as the associated comment did not support the selected safety factor and the safety assessment document was not completed within the required timeframe. The fatality report was dated 8/1/18 and ACS completed/approved the Seven-Day safety assessment document on 8/9/18.

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

**Explain:**  
 The family was referred to PPRS.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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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 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"/>

**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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:  
The family received PPRS.

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:**

ACS obtained a referral for the 7-yo half-sibling to receive bereavement services.

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

**Explain:**

The parents were referred to PPRS.

## 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? Yes

### 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 SM and SF were not known to the SCR or ACS as subjects more than three years prior to the fatality.

### Known CPS History Outside of NYS

There was no known 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