



Report Identification Number: NY-18-108

Prepared by: New York City Regional Office

Issue Date: Apr 09, 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

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: 4 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 10/29/2018
Initial Date OCFS Notified: 10/29/2018

Presenting Information

The SCR report alleged on 10/29/18, the mother had the four-month-old subject child sleeping in bed with her. The mother awoke and found the child was unconscious. She called 911 at 7:15 AM and LE arrived at the home at 7:20 AM and started CPR until EMS arrived. The child was transported to the hospital where he was pronounced deceased at 8:02 AM.

Executive Summary

On 10/29/18, the New York City Administration for Children’s Services (ACS) received an SCR report regarding the death of the four-month-old male child.

Through a joint investigation with LE, it was learned the mother awoke on 10/29/18 and discovered the child was face down in the adult bed next to her and he was unresponsive. Several neighbors heard her scream and came to her apartment to assist with CPR; 911 was called at 7:15 AM. LE and EMS arrived and the child was transported via ambulance to St. Barnabas Hospital. He was pronounced deceased by the ER physician at 8:02 AM.

An autopsy was performed and neuropathology results were still pending at the time the investigation closed. The death certificate listed the manner and cause of death as “undetermined” and stated the child was “sharing bed with an adult in an adult bed.” The LE investigation remained open pending the final autopsy report, and no criminal charges had been filed.

The father and his previous partner had a 10yo son together. That child resided with his mother. On 11/28/18, there was a supervisory directive to interview the father, obtain additional information about the sibling and to interview the sibling and assess his safety. ACS provided OCFS with a summary of the interview with the father, although did not document it in the progress notes. There were no documented attempts to locate the sibling or assess his safety. All completed safety assessments and fatality reports inaccurately stated there were no surviving children. During the mother’s interview, she stated the father visited the subject child often and he was having a difficult time handling the death of their son. ACS referred the mother for bereavement counseling, but no services were offered to the father.

ACS appropriately substantiated the allegation of Inadequate Guardianship against the mother. Despite being educated about safe sleep guidelines, the mother placed the child at significant risk of harm by co-sleeping with him in an adult bed with pillows. ACS unsubstantiated the allegation of DOA/Fatality as there was a lack of credible evidence that the mother’s actions or the unsafe sleep environment caused the child’s death.

PIP Requirement

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.

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? No
 - Safety assessment due at the time of determination? No
- Was the safety decision on the approved Initial Safety Assessment appropriate? No

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

The 10yo sibling's safety was not assessed, therefore it was unknown if there were any safety factors present.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

Reasonable efforts were not made to assess the safety of the sibling.

Required Actions Related to the Fatality

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

Issue:	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The 24-hour fatality report was due by 10/30/18 and was not completed until 11/1/18.
Legal Reference:	CPS Program Manual, Chapter 6, K-1
Action:	The Child Protective Service is required to complete the 24-hour Fatality Report within 24 hours of receipt of a report alleging the death of a child as a result of child abuse or maltreatment.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	The 7-day safety assessment was due by 11/5/18 and was not completed until 11/13/18.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS will complete all safety assessments in accordance with statutory requirements.



Issue:	Timely/Adequate 30-Day Safety Assessment
Summary:	The required 30-day safety assessment was not completed.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS will complete all safety assessments in accordance with statutory requirements.
Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	The Risk Assessment Profile did not accurately reflect the mother and father's history of physical violence with previous partners.
Legal Reference:	18 NYCRR 432.2(d)
Action:	ACS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.
Issue:	Adequacy of Progress Notes
Summary:	ACS provided OCFS with a summary of the father's interview and an assessment of the mother's home, although these casework activities were not documented in the progress notes.
Legal Reference:	18 NYCRR 428.5
Action:	ACS will accurately document all casework activity into progress notes.
Issue:	Adequacy of services following the fatality
Summary:	ACS did not offer the father services following the death of the child.
Legal Reference:	18 NYCRR 432.2(b)(4);428.6
Action:	ACS will explore areas of potential service needs with all family members with whom they are involved. ACS will appropriately respond to changing circumstances, and if service needs are identified, ACS will make the appropriate referral to preventive or community-based services in an effort to determine whether there are services that can benefit the family.
Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	Conversations with the mother and father lacked Key safety-related questions regarding the 10yo sibling; effort was not made to assess the 10yo's safety. Safety assessments and fatality reports inaccurately reflected there were no surviving children.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	ACS will incorporate key safety-related questions as they pertain to case circumstances and will prioritize making an adequate assessment of safety and risk to all surviving children.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/29/2018

Time of Death: 08:02 AM

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: 07:15 AM
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
How long before incident was the child last seen by caretaker? 4 Hours
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	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)
Other Household 2	Sibling	No Role	Male	10 Year(s)

LDSS Response

Upon receiving the SCR report, ACS interviewed two neighbors who reported they heard the mother scream from inside her apartment for the child to wake up. They banged on the mother's door and told her to let them in. The mother came to the door with the child in her arms and the he appeared lifeless. They patted the child on the back and milk came out of his mouth. They called 911 and performed CPR until LE arrived and took over. The mother was crying and stated she may have rolled over him. On the same date, ACS interviewed the detective who had spoken to hospital staff and had observed the child. The detective reported he had no visible marks or bruises and said if the mother had rolled over him it would have left marks.

On 10/30/18, ACS conducted a home visit and interviewed the mother. The mother reported around 11:30 PM on 10/28/18, the child was fussy so she fed him a 4oz. bottle of formula, then placed him on his back in his bassinet to sleep. Around 2:30 AM, he started crying and was fussy so she fed him an 8oz. bottle. She said she did not burp him since he immediately fell asleep. She placed the child on his back on her adult bed, with his legs touching her body and they both fell asleep. She woke up around 7:00 AM and noticed he was face down next to her and he was not responding. She started screaming and then heard the neighbors knocking on her door. She said the child could roll over and she believed he may have rolled onto his stomach during the night. ACS observed the full size adult bed to have two pillows and was covered with a sheet. The mother said the bed contained the same items on the night of the incident. The bassinet was not observed in the home, as relatives had removed it prior to ACS arrival.



The mother denied that she used any drugs or alcohol. She reported the child was healthy, was not taking any medication and usually slept on his back in his bassinet. She said he was her only child and the pediatrician had educated her about safe sleep. She reported the father often visited her home and he was not in the home at the time of the incident.

The pediatrician and several relatives were interviewed and had no concerns for the care the parents provided to the child and confirmed he was healthy. The ME reported during the autopsy the child was positive for a virus. Neuropathology tests were still pending and the final report had not yet been completed. Criminal records were reviewed and showed the father had a history of physical violence toward his prior partner (the mother of his 10yo child) that resulted in a period of incarceration and an active order of protection in Bronx Supreme Court until 10/08/21. There were also records of physical violence perpetrated towards the mother by her prior partner. This history of domestic violence was not documented in the Risk Assessment Profile.

Detailed supervisory consultation was documented throughout the investigation and directives were given to assess the safety of the sibling. ACS provided a summary of the father's interview to OCFS, in which the father stated that he had frequent contact with the mother and child and court ordered visitation with his 10yo son. The interview with the father was not documented in progress notes and there were no follow up questions asked of the father or mother to assess if the 10yo sibling had contact with the child. ACS appropriately contacted LE, the child's pediatrician, ME, neighbors and relatives to investigate the allegations. The case was indicated and closed and the mother was referred for bereavement counseling.

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)? Yes

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 New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049427 - Deceased Child, Male, 4 Mons	049428 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
049427 - Deceased Child, Male, 4 Mons	049428 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>
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:

Reasonable efforts were not made to interview the father face to face or assess the sibling's safety.

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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
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Explain:
The 10yo sibling's safety was not assessed. The safety assessments inaccurately reflected there were no surviving children.

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"/>



Child Fatality Report

During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Explain: ACS did not explore the father's or the sibling's service needs and the RAP did not accurately reflect the concerns for physical violence.				

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 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.

Have any Orders of Protection been issued? No

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 mother was provided with bereavement counseling, although no services were offered to the father. Due to both parents having a history of physical violence with previous partners, they may have benefited from a referral for domestic violence 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? No

Explain:
 The sibling's service needs were not assessed.

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

Explain:
 The mother was referred for bereavement counseling. The father was not referred for any 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 fetal alcohol effects or syndrome

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 in NYS within three years prior to the fatality.

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no CPS history outside of New York State.

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