



## Report Identification Number: NY-18-113

Prepared by: New York City Regional Office

Issue Date: May 07, 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:** 7 month(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 11/05/2018  
**Initial Date OCFS Notified:** 11/05/2018

## Presenting Information

On 11/5/18, the SCR registered a report alleging that the 7-month-old SC was under the care and supervision of the baby sitter (BS) when he died. The report noted that at an unspecified time the BS found the SC blue and unresponsive. There were no specific details concerning the incident. The report stated the SC was an otherwise healthy child, and the cause of his death was unknown.

The report noted the BS cared for the SC while the mother worked, and contacted the mother to inform her of the SC's condition. The report noted that EMS was contacted and the SC was taken to Elmhurst Hospital. There report also stated the SC had no visible injuries. There was no information provided as to where the SC passed away or where the BS found the SC unresponsive.

## Executive Summary

The SC was 7 months old when he died on 11/5/18. The autopsy report listed the cause and manner of death as undetermined (on adult bed).

The SCR received two reports dated 11/5/18 and 3/21/19. The allegations of the reports were DOA/FATL and IG of the SC by the BS. At the time of the SC's death, he was in the home of his BS. The BS had no minor children of her own.

ACS initiated the investigation timely and visited the 3-bedroom apartment the parents shared with a MA, MA's husband and a MU. ACS assessed the sibling was safe in the care of his parents. ACS also deemed the home environment safe. The parents occupied one bedroom with the children. In the room, ACS observed a twin-size bed for the sibling and a queen size bed where the parents co-slept with the SC. ACS did not confirm whether the parents had received any information concerning safe sleep.

ACS contacted the medical staff at Elmhurst Hospital and were informed the SC had no signs of trauma or abuse. The NYPD determined there was no criminality surrounding the death of the SC. ACS contacted the ME regarding the sleeping accommodations and it was determined the sleep accommodation did not contribute to the SC's death.

ACS interviewed the household members and the BS with the assistance of interpreters as deemed necessary. ACS determined none of the family members who resided in the household had child care responsibilities for the children. A clearance also revealed none had a CPS history.

The BS reported the mother dropped off the SC at about 1:00 P.M., and shortly after he became "irritable". The BS said the SC was crying and after she soothed him he fell asleep. The BS said she put him in a baby bouncer and then placed it on top of the bed. The BS reported the SC was fine so she then went to feed the other 3-month-old child who was also in her care. The BS said she checked the SC about 3 times, before she found him unresponsive. The BS stated her roommate and a neighbor assisted her with calling 911. According to the phone record, the 911 call was made at 4:05 P.M. The BS did not provide a detailed time line of the all events preceding the 911 call. Both the mother and the BS stated the BS also notified the mother at work.

ACS interviewed relatives, neighbors and the parent of the 3-month old child and no one had concerns about the care of the SC or the 3-month-old child in the BS's care.



ACS continued to assess the safety of the sibling throughout the investigation and found no safety concerns. ACS also learned the sibling had special needs and confirmed the parents had all the necessary services in place. All relevant collateral contacts regarding the sibling were made and none of the service providers had concerns about the care the children received in the home. The SC and the sibling's medicals records were up to date.

ACS responded appropriately to the 3/21/19 report by conducting a timely home visit and assessing the current safety of the sibling. No concerns were noted.

On 1/3/19 and 4/26/19, ACS unsubstantiated the allegations of the reports citing the BS took appropriate action contacting 911 once she noticed the SC was not breathing. In addition, the NYPD conducted a scene investigation and found no criminality surrounding the SC's death.

## 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

**Was the decision to close the case appropriate?** Yes

**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 level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, was commensurate with the case circumstances. There was documentation of supervisory/consultation during the investigation, and the decision to close the case was appropriate.

## Required Actions Related to the Fatality

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



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 11/05/2018

**Time of Death:** 04:38 PM

**County where fatality incident occurred:**

Queens

**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:** Unknown if they were 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             | Male   | 23 Year(s) |
| Deceased Child's Household | Aunt/Uncle               | No Role             | Female | 28 Year(s) |
| Deceased Child's Household | Deceased Child           | Alleged Victim      | Male   | 7 Month(s) |
| Deceased Child's Household | Father                   | No Role             | Male   | 30 Year(s) |
| Deceased Child's Household | Mother                   | No Role             | Female | 30 Year(s) |
| Deceased Child's Household | Sibling                  | No Role             | Male   | 7 Year(s)  |
| Other Household 1          | Other Adult - Babysitter | Alleged Perpetrator | Female | 40 Year(s) |

### LDSS Response

ACS spoke to the attending physician from the ER who indicated the SC was brought to the hospital via ambulance at 4:27 P.M. with resuscitation efforts in progress. The physician stated resuscitation efforts were continued at the hospital to no avail. The physician reported the SC had no visible signs of trauma and no pre-existing condition.

ACS interviewed the mother who reported that on 11/5/18, she woke up at 6:30 A.M. to get the sibling ready for school. The mother said she fed the SC 4 ounces of formula at 7:00 A.M. and he went back to sleep until 10:30 A.M. The mother



then breastfed the SC and gave him a few teaspoons of chicken broth. The mother reported she left the home to take the SC to the BS at 12:30 P.M. This account was corroborated by the MA who resided in the home and spent the morning with the mother and the SC. The mother said 2 or 3 hours after she dropped the SC at the BS's home, she received a call from the BS who was repeating the SC was dead. The mother said the BS did not provide an explanation and there appeared to be a lot of commotion from the BS's end. The mother said she was confused and told the BS to call 911, and then began to run to the BS's home which was about 5 blocks from her job. By the time the mother arrived, EMS was at the scene and paramedics were trying to resuscitate the SC.

The mother said the BS was not present and she was not allowed to see the SC. The SC was taken to the hospital via ambulance and the mother was transported to the hospital by the police who were present at the scene. The mother said she had only known the BS for about 3 months and the BS had been recommended by a MA who did not reside in the home. The mother said the BS seemed appropriate with the SC and she also took care of another child. The mother was unable to describe the BS's apartment because she had never entered the home; therefore, could not say where the SC was usually placed to sleep when in the BS's care. However, the mother said she told the BS she should place the SC to take naps on a mat or mattress.

The mother stated she would usually meet the BS at the door to the apartment. The mother said she never thought of entering the apartment because she did not suspect anything would happen to the SC. The mother said the BS was affectionate towards the SC and also cared for her sister's friend's child.

The father said the SC was fine on the evening prior to the incident and at 6:30 A.M., when he left for work. The father said he was at work when the MU called him at about 5:15 P.M. to inform him of the SC's death. The father said it took him about two hours to get to the hospital as he had to travel by train. The father said he had brief conversations with the BS, but did not know her personally.

ACS interviewed the BS who reported on 11/5/18, the mother dropped off the SC at her home at 1:00 P.M. The BS reported the SC was very irritated and cried inconsolably. The BS said she had difficulty soothing the SC, but once he fell asleep she put him in a standard baby bouncer and placed the bouncer on her bed. The BS said she went to feed a 3-month-old child who was also in her care and went back and forth to check the SC. The BS reported the third time she went to check the SC, his lips were purple and he did not appear to be breathing. The BS said she screamed and she attempted CPR. The BS said her roommate and a neighbor responded to the apartment and called 911. The BS said the operator was instructing the neighbor on how to perform CPR, and at some point, they lost reception in her apartment. The BS stated the neighbor ran up to the second floor to continue CPR. The roommate and the neighbor corroborated the BS's account and had no concerns about her ability to care for the children.

ACS later unfounded the reports after making the appropriate contact with law enforcement and other collaterals. ACS' decision to close the investigation was appropriate.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**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 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 |
|---------------------------------------|---|-------------------------|--------------------|
| 049669 - Deceased Child, Male, 7 Mons | 049673 - Other Adult - Babysitter, Female, 40 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 049669 - Deceased Child, Male, 7 Mons | 049673 - Other Adult - Babysitter, Female, 40 Year(s) | Inadequate Guardianship | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Contact with source?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Did the investigation adhere to established protocols for a joint investigation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Fatality Safety Assessment Activities

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were appropriate/needed services offered in this case   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

**Explain:**  
There were no safety or risk factors concerning the sibling. however, ACS offered bereavement services.

**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.

**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 |
|----------|----------------------|----------------------|--------------------------|-------------|------------------------|-----|----------------------|
|          |                      |                      |                          |             |                        |     |                      |





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

**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 immediate needs for the sibling in response to the fatality.

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

**Explain:**

There were no immediate services needed for the parents or the BS as a result of the fatality.

## 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

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 nor the babysitter had any CPS history.

### Known CPS History Outside of NYS

The parents nor the babysitter had known CPS history outside 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