



Report Identification Number: NY-21-049

Prepared by: New York City Regional Office

Issue Date: Oct 21, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Bronx
Gender: Male

Date of Death: 05/02/2021
Initial Date OCFS Notified: 05/02/2021

Presenting Information

On 5/2/21, two SCR reports were received that alleged around 6:00 AM that morning, the mother fed the 2-month-old infant an unknown amount of formula and either the mother or the father placed the infant in a swing. The conditions of the swing were unknown. The mother fell asleep and awoke at approximately 3:00 PM to find the infant pale, cold, not breathing, and his lips were blue. The father subsequently called 911 and it was unknown if life-saving measures were performed by either parent. Emergency services arrived at the home and they performed CPR on the way to the hospital. Hospital staff performed CPR, but the infant was ultimately pronounced deceased at an unknown time. The parents left the infant unattended for an extended amount of time and they had no explanation for his death.

Executive Summary

This fatality report concerns the death of the 2-month-old male infant that occurred on 5/2/21. Two reports were made to the SCR on that same date, with allegations of DOA/Fatality and Inadequate Guardianship against the infant’s mother and father. The Administration for Children’s Services (ACS) received the reports and investigated the infant’s death.

At the time of the infant’s death, he resided with his parents, paternal grandmother, paternal aunt and the 1-year-old cousin. The parents were found to have no CPS history and the mother had no other children. The cousin was assessed to be safe in the paternal aunt’s care. Attempts to contact the cousin’s father were not documented. The father of the infant had two additional children, ages 8 and 10, who resided with their mother out-of-state and they had limited visitation with the father due to the father physically assaulting the children's mother in 2012. The 8 and 10-year-old siblings and their mother were interviewed by their local CPS and the siblings were assessed to be safe in their mother’s care.

The investigation revealed that on 5/2/21, the father was sleeping when the mother fed the infant a bottle around 6:00 AM. She placed the infant in an infant swing next to the parents’ bed to sleep around 6:30 AM and then the mother went to sleep. The parents woke up around 3:00 PM, and the mother checked on the infant and found him to be unresponsive. The mother called 911 and the father alerted the grandmother. The grandmother followed the dispatcher’s instructions for CPR until first responders arrived. EMS performed life-saving measures and transported the infant to the hospital. Attempts to resuscitate the infant were unsuccessful and he was pronounced deceased at 3:44 PM.

An autopsy was completed; however, the final report had not yet been received at the time of this writing. The medical examiner reported that that the manner of death was natural. The autopsy examination revealed the infant had a small intestinal infarct (a localized area of dead tissue resulting from a lack of blood supply) and a dead bowel due to volvulus (an obstruction caused by twisting of the stomach or intestine), which was due to malrotation of the intestine. He found no injuries and he said the infant was born with the abnormality. Law enforcement found no criminality and their investigation remained opened pending receipt of the final autopsy report.

ACS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother and father based on the medical examiner’s findings that the infant died from natural causes, law enforcement finding no criminality in the infant’s death, and the infant’s pediatrician reporting no concerns. However, some credible evidence was found to support substantiating Inadequate Guardianship against the parents. The Investigation Conclusion Narrative did not document the details of the incident and it did not address the parents’ failure to meet a minimum degree of care for the infant. The mother admitted to placing the infant to sleep in a swing with a blanket and the parents left him unattended for 8.5 hours. The swing was observed by ACS to contain a warning label that advised never to leave an infant unattended in the swing



and that it was not safe for sleep due to a serious risk of injury or death.

ACS offered the family funeral assistance and bereavement services, and they referred the father for substance abuse services since he admitted to regular marijuana use. The family declined bereavement services and the father agreed to attend substance abuse services. ACS opened a Preventive Services Case to complete payment for funeral expenses.

PIP Requirement

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address the identified issues.

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?** No

Explain:

There was credible evidence gathered to substantiate the allegation of Inadequate Guardianship against the parents, but the allegation was unsubstantiated. The case was opened in order to complete payment for funeral expenses.

Was the decision to close the case appropriate? N/A

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

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

Explain:

The determination of the allegation of Inadequate Guardianship was not commensurate with statutory requirements.

Required Actions Related to the Fatality



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

Issue:	Appropriateness of allegation determination
Summary:	There was credible evidence gathered to substantiate the allegation of IG against the parents for leaving the infant unattended in a swing that warned it was unsafe for infants to sleep in, for 8.5 hours while the parents slept.
Legal Reference:	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
Action:	ACS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the New York City Regional Office if further guidance is needed.
Issue:	Failure to provide notice of report
Summary:	The father of the cousin was not provided with Notice of Existence of the report.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	ACS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report.
Issue:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
Summary:	Attempts to interview the father of the cousin were not documented.
Legal Reference:	18 NYCRR 432.1 (o)
Action:	ACS will make casework contacts per the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/02/2021

Time of Death: 03:44 PM

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

Unknown

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

03:15 PM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? No - but needed

At time of incident was supervisor impaired? Not impaired.



At time of incident supervisor was:

- Distracted
- Asleep

- Absent
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	1 Year(s)

LDSS Response

ACS began their investigation upon receipt of the SCR reports on 5/2/21. They adhered to approved protocols for a joint investigation with law enforcement and they interviewed the mother, father, paternal grandmother, and paternal aunt. ACS spoke to the sources of the reports, family members, a neighbor, the landlord, law enforcement, the medical examiner, hospital staff, the DA's office, and the pediatrician.

Through interviews with the parents, it was learned that the infant was born full-term, and he appeared to be healthy. He attended a well-baby visit on 4/30/21 and he received several immunizations. The infant had been sleeping more than normal since the appointment. ACS assessed the home to contain no safety hazards, but the parents' bedroom and the entry area of the home had a strong odor of marijuana. The father admitted to smoking marijuana prior to ACS' arrival and he denied being under the influence at the time of the fatal incident. He denied using marijuana around the infant or while caring for him. The parents stated that the infant preferred to sleep in his swing, and he disliked sleeping in his bassinet. The infant's swing was observed in the parents' bedroom next to the bed. There was a bassinet in the home that was full of items. ACS discussed safe sleep with the family and they provided the aunt with a portable crib for the cousin.

The mother stated that the infant was sleeping in the swing and she fed him a bottle when he woke up at 2:00 AM, 4:00 AM and 6:00 AM. Each time she placed him back to sleep on his back in the swing with a blanket covering his legs, up to his waist. The father was playing video games and the mother was up drawing all night. The mother said she went to sleep at 6:30 AM, and when she woke up around 3:00 PM, she was shocked that she slept all day. She immediately checked on the infant and she found him to be in the same position she placed him in, and he was unresponsive.

The father reported that the infant appeared to be fine when he fell asleep around 2:30 AM. When he woke up around 3:00 PM, he went right to the bathroom and the mother ran into the bathroom holding the infant, who was unresponsive, and his lips were blue. He went to the grandmother's bedroom and alerted her while the mother called 911. The mother later informed him that she woke up and fed the infant around 6:00 AM, and he ate less than usual.

The paternal grandmother stated that she briefly cared for the infant while the parents went to the store around 11:00 PM on 5/1/21 and the infant was "crabby and grumpy" at that time. She was in her bedroom around 3:00 PM when the father



told her the infant was not breathing. The mother was on the phone with 911 so the grandmother took the phone and placed the infant on the floor. She performed CPR while the mother ran to the door to let first responders in. The paternal aunt reported that she and the cousin left the home around 10:30 PM on 5/1/21 and they stayed at a friend's house that night. The infant was sleeping in the swing when she left, and she had no concerns for his care.

Law enforcement completed a walk-through of the home with the medical examiner and a reenactment of the incident took place utilizing a doll. Law enforcement said when the mother placed the doll in the swing, the doll's head was positioned forward, raising concern for the infant's oxygen level at the time of the incident. They reported that the home smelled like marijuana, but the parents and grandmother appeared to be sober.

Hospital staff stated that the infant was cold and unresponsive when he arrived at 3:21 PM. He received a full body scan and there were no marks, bruises or injuries found. The pediatrician reported that the infant was up to date on well-baby visits and immunizations. He was last seen on 4/30/21 and he was assessed to be healthy with no concerns. The landlord and neighbors had no concerns for the infant or cousin.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058361 - Deceased Child, Male, 2 Mons	058362 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
058361 - Deceased Child, Male, 2 Mons	058362 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
058361 - Deceased Child, Male, 2 Mons	058364 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
058361 - Deceased Child, Male, 2 Mons	058364 - Father, Male, 31 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Attempts to locate and speak to the cousin's father were not documented.

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"/>
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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"/>



Child Fatality Report

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:
Risk was adequately assessed and funeral assistance was provided.

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
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<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:
The paternal aunt declined services for the cousin. The mother of the 8 and 10-year-old siblings declined services related to the fatality.

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

Explain:
The parents were provided with funeral assistance and they were referred for bereavement counseling.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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



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

Known CPS History Outside of NYS

There was no known 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