



**Report Identification Number: NY-22-077**

**Prepared by: New York State Office of Children & Family Services**

**Issue Date: Mar 15, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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:** 8 day(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 09/16/2022  
**Initial Date OCFS Notified:** 09/16/2022

## Presenting Information

An SCR report alleged on 9/16/22, around 2:00 PM, the parents went to Walmart with the 8-day-old subject child. The father was in the car's backseat with the child, who was properly restrained. At around 3:00 PM, the family arrived home. The child was taken out of the car seat and brought into the home. At that time, the child had blood coming out of her nose. Both police and EMS arrived at the home and the child was unresponsive. EMS performed CPR on the child to no avail. At 4:41 PM, the child passed away from an unknown cause.

## Executive Summary

This fatality report concerns the death of the 8-day-old subject child that occurred on 9/16/22. A report was made to the SCR the same day with allegations that the child passed away while in the care of her mother, father, and grandmother. When the child was discovered unresponsive, she was in a car seat and had blood coming from her nose. At the time of her death, the child resided with the mother, grandmother, aunt, and uncle, aged 14 and 17 years. The children were assessed to be safe with the grandmother.

The Administration for Children Services (ACS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed; however, the final autopsy was pending at the time this report was written. The medical examiner noted the child did not have suspicious bruising. The child had broken ribs; however, this was attributed to resuscitation efforts. The law enforcement investigation remained open, pending the final autopsy report. No arrests had been made.

On the day of the child's death, the parents, aunt and child rode together to the store. Initially, the father stayed in the car with the child while the mother and aunt shopped; however, the father and child later went into the store. The child had a blanket covering her while she was outside of the car. The blanket was tucked into the sides and top of the car seat. The mother checked on the child while they were out, and she appeared fine. When the family returned home, the grandmother discovered the child to be unresponsive and she had blood coming from her nose. The father and aunt both called 911 while the father performed CPR until first responders arrived and transported the child to the hospital where she was pronounced deceased.

ACS gathered information regarding the death from hospital staff, hospital records and first responders. There were no concerns revealed for the care of the child, or for the care of the surviving children.

The record reflected that the 24-hour and 30-day Safety Assessments were completed untimely. Safety Assessments did not accurately reflect case circumstances as they noted there were no surviving children, despite the minor aunt and minor uncle who were listed on the report. Additionally, the required reports were completed untimely. The record did not reflect attempts to obtain information regarding the father(s) of the aunt or uncle to notify him/them of the SCR report or speak to him/them.

ACS appropriately determined the allegations of Inadequate Guardianship, Internal Injuries and DOA/Fatality. ACS noted that the investigation did not reveal that the parents caused internal injuries to the child. Law enforcement officers did not believe the death was suspicious. The record reflected the family immediately contacted EMS and law enforcement after the child was found unresponsive. There was no evidence revealed to support that the death of the child was caused by the adults. The case was closed timely on 11/10/22.



### PIP Requirement

ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

## 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? Yes
- 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 initial Safety Assessment did not reflect that the whereabouts of the aunt and uncle could not be ascertained.

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:

Casework activity was not commensurate with case circumstances as Safety Assessments were completed untimely. The father(s) of the aunt and uncle were not provided with written notice nor were attempts made to contact them. The Fatality Reports were completed untimely.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	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.
<b>Summary:</b>	A 24-hour Fatality Report was completed untimely on 9/19/22.



<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-1
<b>Action:</b>	ACS must document and approve a 24-Hour Fatality Report within 24 hours of receipt of a report alleging the death of a child resulting from abuse or maltreatment. The template for this report is available in Connections for all reports containing an allegation of a child fatality.
<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 30-day Fatality Report was completed untimely on 10/19/22.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must document and approve a 30-day Fatality Report within 30 days of receipt of a report alleging the death of a child resulting from abuse or maltreatment. The template for this report is available in Connections for all reports containing an allegation of a child fatality.
<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 24-hour Safety Assessment was completed untimely on 9/19/22. The Safety Assessment reflected no safety factors were present; however, the whereabouts of the aunt and uncle remained unknown and therefore, the assessment should have noted such.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS will accurately reflect the safety factors that are present in each Safety Assessment. All Safety Assessments will be completed within the required timeframes.
<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	Although the mother, father and grandmother were provided with written notice timely, the record did not reflect the father(s) of the aunt and uncle was/were provided with written notice of the SCR report.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<b>Action:</b>	ACS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The record did not reflect attempts to gather identifying or locating information regarding the father(s) of the aunt and uncle. The record did not reflect attempts to contact the father(s) of the children regarding the SCR report.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS will obtain information from collateral contacts, including absent parents, who may have information relevant to the allegations in the report and to the safety of the children.
<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	The 30-day Safety Assessment was completed untimely on 10/19/22.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS will document and approve all Safety Assessments within the required timeframes.

## Fatality-Related Information and Investigative Activities



## Incident Information

Date of Death: 09/16/2022

Time of Death: 04:41 PM

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

Unknown

County where fatality incident occurred:

New York

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 and/or ingested alcohol or drugs?

N/A

Child's activity at time of incident:

 Sleeping Working Driving / Vehicle occupant Playing Eating Unknown 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	Male	17 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	14 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	8 Day(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	21 Year(s)

## LDSS Response

On 9/16/22, ACS received the fatality report from the SCR. Within the first 24 hours of the investigation, ACS coordinated investigative efforts with law enforcement, contacted the source of the report and documented a CPS history check. The medical examiner's office was aware of the death.

Hospital staff reported the child was transported to the hospital via ambulance and EMS performed lifesaving measures. A hospital doctor took over resuscitation efforts to no avail. The father reported to hospital staff that the child was fine that day, and that he took the child to Walmart with the mother and aunt. The child was in her car seat while shopping and while in the car. The father reported to hospital staff that when the family arrived home, he placed the child's car seat on the bed and the grandmother checked on the child. The father recalled the grandmother saw blood coming from the child's nose and she called 911.

Law enforcement provided information that their interviews revealed the family went shopping and the child was in her



car seat with a blanket draped over her. At the time of this writing, the criminal investigation remained open.

ACS made a home visit and interviewed the family members separately. The mother said on 9/16/22, the child ate and acted normally. The child was in her car seat with a blanket over her. The blanket was “tucked in on the sides of the car seat and over the child’s head/face, tucked into the top of the car seat.” The mother rode to the store in the backseat with the child and checked on her. The mother and aunt went into the store while the father waited outside with the child for about 20 minutes before he brought the child into the store. The mother checked on the child throughout their trip and the child appeared to be sleeping. After shopping, the family returned home. The mother reported that the grandmother saw the child’s nose was bleeding and asked the father if he knew the reason for the nosebleed. The father also called 911 and performed CPR until EMS arrived and transported the child to the hospital.

The father reported to ACS that he initially stayed in the car with the child while the mother and aunt went into the store; however, decided he wanted to go inside for some items. He reported the blanket was only over the child’s face when the child was outside of the car. When the family arrived home, the grandmother noticed blood coming from the child's nose. The grandmother did not have additional information regarding the fatal incident and did not have concerns for the care the parents provided to the child. The uncle was not present on the day of the incident and did not have additional information. No concerns were noted for the safety of the aunt or uncle. The aunt recalled seeing milk coming from the child’s nose while she called 911.

The family was offered bereavement services and funeral assistance in response to the fatality. It remained unknown if the family utilized the services. After all casework activity was completed, the family did not require further intervention from ACS and the case was closed timely.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** New York City does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062610 - Deceased Child, Female, 8 Days	062611 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
062610 - Deceased Child, Female, 8 Days	062611 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
062610 - Deceased Child, Female, 8 Days	062611 - Mother, Female, 21 Year(s)	Internal Injuries	Unsubstantiated
062610 - Deceased Child, Female, 8 Days	062612 - Grandparent, Female, 47 Year(s)	DOA / Fatality	Unsubstantiated
062610 - Deceased Child, Female, 8 Days	062612 - Grandparent, Female, 47	Inadequate	Unsubstantiated



# Child Fatality Report

Days	Year(s)	Guardianship	
062610 - Deceased Child, Female, 8 Days	062612 - Grandparent, Female, 47 Year(s)	Internal Injuries	Unsubstantiated
062610 - Deceased Child, Female, 8 Days	062615 - Father, Male, 21 Year(s)	DOA / Fatality	Unsubstantiated
062610 - Deceased Child, Female, 8 Days	062615 - Father, Male, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
062610 - Deceased Child, Female, 8 Days	062615 - Father, Male, 21 Year(s)	Internal Injuries	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The record did not reflect attempts to interview the father(s) of the surviving children.

### 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 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"/>





<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 Attempts were made to locate the family within the first 24 hours of the investigation; however, were unsuccessful.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 No children were removed as a result of the fatality investigation.

**Legal Activity Related to the Fatality**

Was there legal activity as a result of the fatality investigation? There was no legal activity.

**Services Provided to the Family in Response to the Fatality**



Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 It remained unknown if the family utilized the services they were referred to.

**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?** Unable to Determine

**Explain:**  
 The aunt and uncle were provided with referrals for bereavement services; however, it remained unknown if the services were provided.

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

**Explain:**  
 The adults were offered mental health therapy, grief counseling and funeral assistance. It remained unknown if the services were provided to the family.

## 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Had medical complications / infections            | <input type="checkbox"/> Had heavy alcohol use  |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs    | <input type="checkbox"/> Smoked tobacco   |
| <input type="checkbox"/> Experienced domestic violence                     | <input type="checkbox"/> Used illicit drugs   |
| <input type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs  |
| <input type="checkbox"/> Used marijuana                                    | <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |

#### Infant was born:

- |   |   |
|---|---|
| <input type="checkbox"/> With a positive toxicology     | <input type="checkbox"/> With fetal alcohol effects or syndrome                         |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none 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 investigative history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There is no known CPS history outside of New York.

### 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