



Report Identification Number: NY-22-103

Prepared by: New York City Regional Office

Issue Date: Apr 28, 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: 2 month(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 12/19/2022
Initial Date OCFS Notified: 12/19/2022

Presenting Information

An SCR report alleged that on 12/19/22, at around 12:00 PM, the mother and father found the 2-month-old infant unresponsive in his crib. The parents called 911. When the paramedics arrived at 12:15 PM, they attempted life saving measures to revive the infant by intubating him and giving him epinephrine. The efforts were unsuccessful and the infant was pronounced dead on scene at 12:29 PM. The infant was otherwise healthy and the parents had no explanation for his death.

Executive Summary

On 12/19/22, the New York City Administration for Children’s Services (ACS) received an SCR report regarding the death of the 2-month-old male infant that occurred on that date. The SCR report contained allegations of DOA/Fatality and Inadequate Guardianship against the mother and father of the infant as the parents were alleged to have been caring for the infant at the time of the fatal incident. At the time of the infant’s death, he resided with his mother, father and 2-year-old sibling. Upon initiation of the investigation, ACS learned that the infant was in the care of a babysitter at the time of the fatal incident. The babysitter was added to the case and allegations of DOA/Fatality and Inadequate Guardianship were added against her.

The investigation revealed that on 12/19/22, the mother dropped the sibling off at her babysitter’s home, then she breast fed the infant and dropped him off to a second babysitter around 10:30 AM. The babysitter took off the infant’s clothing and placed him in a portable crib wearing just a onesie around 11:00 AM. After about 20 minutes the infant began to cry and the babysitter tried to feed him a bottle, but he rejected it. She held the infant until he fell asleep, then placed him on his back in the portable crib. After 20 minutes she checked on the infant, and he looked pale. His body was limp when she picked him up, so she turned him over and patted his back. She realized he wasn’t breathing, and she began CPR. She went into the hallway of the apartment building and screamed for help. A neighbor heard the babysitter and called emergency services. Emergency services arrived, attempted life-saving measures, and transported the infant to the hospital via ambulance. Efforts to resuscitate the infant were unsuccessful and he was pronounced deceased at the hospital at 12:29 PM.

The medical examiner reported a full autopsy was not conducted due to the family’s religious objection. An external examination was completed, and the infant appeared to be healthy with no injuries. A viral panel was positive for Rhino-Virus; although, the medical examiner said it was unlikely the illness contributed to the infant’s death. The final cause and manner of death were undetermined. Law enforcement found no criminality and closed their investigation with no charges filed.

The parents’ home was assessed, and the sibling was determined to be safe. Although the safety of the sibling was monitored throughout the investigation, the 30-Day Safety Assessment was not documented and approved in Connections as required. ACS accurately assessed all risk factors and determined there was low risk for the sibling; however, the RAP inaccurately reflected the infant's death was the result of abuse or maltreatment, resulting in a very high risk rating. The sibling was referred for an early intervention assessment and play therapy and ACS assisted the parents with locating a licensed daycare for the sibling. The parents were referred for bereavement services and they engaged in community-based trauma focused therapy. ACS unsubstantiated the allegations of the report based on a lack of a fair preponderance of the evidence that the parents or babysitter caused or contributed to the death of the infant. The investigation closed on 2/17/23.



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?** 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

Explain:

The case was appropriately unfounded and closed based on evidence gathered.

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 contacts were made with the family throughout the investigation and there was an adequate assessment of safety and risk. Casework activity was not commensurate with case circumstances in that the 30-Day Safety Assessment was not documented in Connections and the RAP incorrectly reflected an elevated risk element.

Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Timely/Adequate 30-Day Safety Assessment |
| Summary: | A 30-Day Safety Assessment was not documented and approved in Connections as required. |
| Legal Reference: | CPS Program Manual, Chapter 6, K-2 |



| | |
|-------------------------|--|
| Action: | A safety assessment will be documented and approved by a supervisor within 30 days hours of a report if such report contains the allegation of DOA/Fatality, as required. |
| Issue: | Adequacy of Risk Assessment Profile (RAP) |
| Summary: | ACS assessed low risk for the sibling; however, the RAP inaccurately reflected that the infant's death was the result of abuse or maltreatment by a caretaker, resulting in a very high risk rating. |
| Legal Reference: | 18 NYCRR 432.2(d) |
| Action: | ACS will accurately assess and document each risk element in the Risk Assessment Profile. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/19/2022

Time of Death: 12:29 PM

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

Unknown

County where fatality incident occurred:

Kings

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?

No

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 | Deceased Child | Alleged Victim | Male | 2 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 23 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 24 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 2 Year(s) |
| Other Household 1 | Other Adult - Babysitter | Alleged Perpetrator | Female | 76 Year(s) |

LDSS Response



ACS investigated the infant’s death by contacting the source of the report, law enforcement, the medical examiner, the pediatrician, the family’s spiritual leader, the parents’ bereavement counselor, the paternal grandfather, the babysitter, and the parent of a 1-year-old child the babysitter cared for. The parents of the infant and the babysitter were found to have no CPS history.

Law enforcement said during interviews with the babysitter she reported that the mother dropped the infant off as usual around 10:30 AM. At 11:00 AM, she laid the infant down on his back in the portable crib with no other items. When she later checked on the infant, he looked pale. She picked him up, patted his back, and some saliva came out of his mouth. A neighbor called for emergency services and the babysitter performed CPR until emergency services arrived. The babysitter completed a re-enactment of the incident and law enforcement had no concerns for criminality.

The babysitter additionally reported to ACS that she was not a licensed daycare provider, but she had been providing childcare to children for the previous 20 years. She said she did not reside in the apartment where the fatal incident took place. She provided childcare for a 1-year-old child that resided in the apartment, as well as the deceased infant, and a 3-month-old child. She said the infant seemed healthy and he was acting normal when the mother dropped him off. The infant cried when the mother placed him in her arms, but he was easily consoled. She said she undressed the infant and placed him in the portable crib wearing just a onesie.

The mother confirmed the events as reported by law enforcement and the babysitter. She stated that the infant was born full-term with no complications and the babysitter had been providing child care for the infant for the previous 4 weeks. The mother said the infant was diagnosed with a respiratory virus three weeks prior, and chicken pox two weeks prior, but he was no longer showing symptoms of either illness. She said on 12/19/22 the infant was acting normal. She dropped both children off to their respective babysitters and she went to work. She received a call at 11:55 AM from the infant’s babysitter informing her the infant was not breathing. When she arrived at the hospital, she was told the infant had passed away. The father reported the infant appeared to be acting normal when he left for work around 8:00 or 9:00 AM. He received a call telling him the infant was not breathing and he went to the babysitters. He observed emergency services doing CPR on the infant and he was escorted to the hospital. Neither parent had concerns for the babysitter’s care of the infant.

ACS visited the apartment where the fatal incident occurred. They spoke to the parent of the 1-year-old child and assessed the child to be safe. The portable crib the infant slept in was in good condition and free from any objects. The parent confirmed the babysitter cared for her 1-year-old child in the apartment, and she also allowed the babysitter to care for the deceased infant and another child. She said she had utilized the babysitter to care for her children for about 17 years and she had no concerns for the babysitter. She and her husband were at work when the infant was dropped off on the day of the incident and they each received a call from emergency services informing them there was an emergency at their home.

Hospital staff said there were no marks or bruises observed on the infant’s body. The infant arrived at the hospital with no pulse and efforts to revive him continued for 20 minutes prior to being pronounced deceased at 12:29 PM. Pediatrician records showed the infant was up to date with well visits. He was last seen on 12/2/22 for a respiratory virus. The infant had not yet received vaccinations and there were no concerns noted. The sibling was up to date with well child visits, but she was behind with one vaccination, and there were no concerns.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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

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

Comments: There is no OCFS approved Child Fatality Review Team in New York City.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---------------------------------------|--|-------------------------|--------------------|
| 063408 - Deceased Child, Male, 2 Mons | 063409 - Mother, Female, 24 Year(s) | DOA / Fatality | Unsubstantiated |
| 063408 - Deceased Child, Male, 2 Mons | 063409 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 063408 - Deceased Child, Male, 2 Mons | 063410 - Father, Male, 23 Year(s) | DOA / Fatality | Unsubstantiated |
| 063408 - Deceased Child, Male, 2 Mons | 063410 - Father, Male, 23 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 063408 - Deceased Child, Male, 2 Mons | 063419 - Other Adult - Babysitter , Female, 76 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 063408 - Deceased Child, Male, 2 Mons | 063419 - Other Adult - Babysitter , Female, 76 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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"/> |

Fatality Safety Assessment Activities



Child Fatality Report

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 type="checkbox"/> | <input checked="" 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:
 ACS assessed low risk for the sibling and referred the family to services related to the fatality; however, the RAP inaccurately reflected that the infant's death was the result of abuse or maltreatment by a caretaker, resulting in a very high risk rating.

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 as a | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



result of information uncovered during 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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"/> |

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
The sibling was referred for play therapy and an early intervention assessment.

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

Explain:
The parents engaged in community-based trauma focused therapy.



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 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