



Report Identification Number: NY-24-002

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

Issue Date: May 13, 2024

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: 10 day(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 01/07/2024
Initial Date OCFS Notified: 01/08/2024

Presenting Information

An SCR report was received on 1/8/24 that alleged on 1/7/24, around 5:00AM, the mother fed the 10-day-old subject child and went to sleep. While the mother was asleep, the father was caring for the subject child. The father noticed the subject child was breathing erratically, hyperventilating, and his eyes rolled back into his head. Upon realizing the subject child was having difficulty breathing, the mother and father transported the child to the hospital. En route to the hospital, the subject child was still breathing and crying. While the family was walking into the emergency room, the subject child lost consciousness. Hospital staff took the child and administered cardiopulmonary resuscitation which was unsuccessful. At 9:08AM on 1/7/24, the subject child was pronounced deceased. The subject child was an otherwise healthy child, and the mother and father did not have an explanation for his death.

Executive Summary

This report concerns the death of a 10-day-old male child that occurred on 1/7/24. The New York City Administration for Children’s Services (ACS) received an SCR report on 1/8/24, regarding the fatality. The SCR report contained allegations of DOA/Fatality and Inadequate Guardianship against the mother and father. At the time of his death, the subject child resided with his mother, father, and 14-year-old surviving sibling. The biological father of the 14-year-old sibling resided outside the United States. In addition, the family resided with the maternal grandparents, twin 13-year-old maternal aunts and two adult maternal uncles. ACS immediately initiated their investigation and assessed the surviving sibling and maternal aunts to be safe in the care of their family.

Through a joint investigation with law enforcement, it was learned the subject child was having difficulty breathing while in the care of the subject mother and father on the evening of 1/6/24. Around 4:00AM on 1/7/24, the subject father told the subject mother to get some rest and he would watch the child. Around 6:00AM, the subject father woke the subject mother and told her to get ready to take the child to the hospital because he did not like how the child was breathing. The child felt hot, and his temperature was 101 degrees. The subject mother and father transported the child to the hospital and noted he was crying during the transport. Upon arrival, the parents noticed a change in the child’s skin color. Hospital staff took the child and immediately attempted life-saving efforts; however, were unsuccessful. The child was pronounced deceased shortly after arrival at 9:08AM.

ACS communicated with the medical examiner’s office and learned a preliminary autopsy was completed and noted a cardiovascular anomaly was found. At the time this report was written, the autopsy report was pending further studies. ACS communicated with law enforcement and learned there were no concerns for trauma or neglect. In addition, there were no criminal charges pending against the parents and it appeared the criminal investigation was on-going awaiting toxicology results.

ACS confirmed with hospital staff after the subject child's birth, he was diagnosed with several medical conditions and the parents were attentive to the child's medical care.

ACS unsubstantiated the above referenced allegations against the subject mother and father stating that they did not find a fair preponderance of evidence. ACS accurately determined their investigation based on information that was obtained. ACS gathered information from collateral contacts such as hospital staff, law enforcement and the medical examiner’s office. The 30-day Safety Assessment was not completed in Connections and the biological father of the 14-year-old sibling was not added to the case or notified about the investigation. The Risk Assessment Profile was completed



accurately, and progress notes were entered timely. In addition, ACS utilized interpreter services to assist with language barriers.

ACS provided the subject mother and father with information regarding bereavement services. In addition, ACS discussed burial assistance with the family which the mother accepted; however, the funeral home covered part of the cost and a neighbor contributed financially for the rest of the funeral costs. ACS was working with the mother and neighbor to assist in reimbursing the neighbor for their portion.

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:

ACS made an appropriate decision to unsubstantiate the allegations based on evidence obtained throughout their investigation.

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 the 30-day Safety Assessment was not completed in Connections. In addition, the biological father of the 14-year-old surviving sibling was never added to the case or contacted even though the father's contact information was provided to ACS.



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:	There was no 30-day Safety Assessment completed in Connections for this investigation.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS will document and approve all safety assessments within the required timeframes.
Issue:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
Summary:	The 14-year-old surviving sibling's biological father was not added to the case or notified about the investigation despite ACS having the father's contact information.
Legal Reference:	18 NYCRR 432.1 (o)
Action:	ACS will make casework contacts in accordance with 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: 01/07/2024

Time of Death: 09:08 AM

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

Unknown

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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

Unknown

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
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Deceased Child's Household	Aunt/Uncle	No Role	Female	13 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	24 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	23 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	13 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	46 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	48 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)

LDSS Response

On 1/8/24, ACS received a report regarding the death of the SC. ACS initiated their investigation within 24 hours, notified the DA, and ME and coordinated their efforts with LE. ACS contacted the source of the report, completed a CPS history check, and assessed the SS and maternal aunts in the home to be safe in the care of their family.

ACS completed an interview with the SM on 1/8/24. During her interview, she explained the SC was born with several medical conditions which required follow up medical care. The SC saw his pediatrician on 1/4/24, he had a cold and was prescribed medication to assist with pain from one of his medical conditions. The SC was prescribed 1ml of the medication every six hours for five days. The SM explained the SC was doing fine for the next couple of days but on 1/6/24, the SC began crying more frequently, refused feedings, and was having difficulty breathing. On 1/7/24 around 4:00AM, the SM administered medication to the SC, which she noted was for children 2 years old and up. The SM then went to sleep while the FA cared for the SC. Around 6:00AM, the SF woke the SM informing her that she needed to get ready to bring the SC to the hospital because he thought the SC's chest and throat were acting strange. The SM then changed the SC's diaper and noted he felt hot, she took his temperature which was 101 degrees. The SM reported she asked the SF if the SC had a fever prior which he denied. The SM reported she and the SF transported the SC to the hospital. While driving, the SC was crying and still breathing. Upon arrival at the hospital, the SM noted the SC's color changed, his eyes looked different, and his body went limp. Hospital staff approached the family and immediately took the SC and attempted life-saving efforts but were unsuccessful.

ACS completed an interview with the SF on 1/8/24. During his interview, he explained the SM told him she was tired, so he offered to stay with the SC so she could sleep. The SF reported the SC was crying and he noticed something "strange" in his eye. When asked to clarify what he saw that was strange, he reported the SC's eyes were "going off" and the SC wasn't acting like himself. The SF then attempted to give the SC milk that the SM already prepared but the SC would not take the feeding. The SF explained he then woke the mother and told her they needed to go to the hospital. The SF reported the SM pumped milk, and he left the SC with her while he packed the baby bag and then went to the car. The SF reported he and the SM transported the SC to the hospital and upon arrival, met with hospital staff.

ACS spoke with the maternal grandparents, both denied noticing anything concerning regarding the SC prior to the departure to the hospital. The MGM explained the SM told her between 7:30AM and 8:00AM that the SM and SF needed to bring the SC to the hospital, and they immediately left. The MGM reported the evening prior to the fatality, she attempted to feed the SC which he refused, and she changed his diaper. When the MGM gave the SC back to the SM, he was already asleep. The MGF denied concerns for the SM and SF's parenting abilities.

ACS interviewed the 14-year-old SS at the family's residence. During her interview, she explained the day of the fatality, the SM told her that she and the SF would be taking the SC to the hospital as he wasn't feeling well. She reported the SM



told her the SC had a temperature. The sibling then explained the SM and SF took the SC to the hospital and she stayed home.

ACS interviewed the twin 13-year-old MA's. During their interviews, they confirmed the SC was receiving medication and that the SM and SF were the ones providing it to the SC. Both reported the SC would sleep and cry and denied seeing the SC having breathing issues; however, one of the MA's reported observing the SC breathing very fast.

The investigation was closed on 3/8/24 and a Family Services Stage (FSS) was opened to a Preventive Services Case.

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 referred to an OCFS approved Child Fatality Review Team? No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
067208 - Deceased Child, Male, 10 Day(s)	067209 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
067208 - Deceased Child, Male, 10 Day(s)	067209 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
067208 - Deceased Child, Male, 10 Day(s)	067210 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
067208 - Deceased Child, Male, 10 Day(s)	067210 - Father, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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

	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"/>
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"/>

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 result of information uncovered during the fatality investigation?	<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 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 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 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"/>

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 family was provided with information regarding bereavement and mental health services.



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

Explain:

The family was provided with information regarding bereavement and mental health services. ACS discussed burial assistance with the family which they accepted; however, services were already paid. ACS was working to reimburse the family for the funeral costs. In addition, the family was provided an informational packet which included family court and legal information.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- 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 NYS.

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation? There was no legal activity.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No