



Report Identification Number: SV-20-049

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

Issue Date: May 03, 2021

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 11/14/2020
Initial Date OCFS Notified: 11/14/2020

Presenting Information

An SCR report alleged on 11/14/2020, at an unknown time, the mother found the 4-month-old female subject child unresponsive. At 4:13 PM, the mother called EMS. When EMS arrived, the child was face-up on the parents' bed. At the time the child was found, the bed was covered with a comforter, sheets and pillows. The child was transported to the hospital where she was pronounced deceased at 5:00 PM. At the time of the child's death, the mother, aunt and the cousin were present in the home. The child was otherwise healthy. The mother, the aunt, and the cousin had no explanation for the child's death. The role of the father was unknown.

Executive Summary

This fatality report concerns the death of the 4-month-old female subject child that occurred on 11/14/2020. A report was made to the SCR on the same day regarding the child's death. The child died while in the care of her mother and there was no explanation for her death. The child resided with her parents; however, the family shared a house with a paternal aunt and uncle, and cousins, ages 16 and 19 years. The parents rented a room from the extended family. The minor cousin was assessed to be safe in the care of her parents. The father had another child who resided out of state, and the father did not have contact with that child.

Westchester County Department of Social Services (WCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. The family had no known CPS history or criminal history. At the time of case closure, there were no criminal charges pending. An autopsy was performed; however, the results were not available at the time this report was written. The medical examiner noted there was no trauma to the body that would have caused the death.

The mother reported the child acted normally on the day of her death. The mother fed and burped the child prior to laying the child face-up on an air mattress. The mother was on the air mattress watching movies on her phone and would peek at the child every few minutes. Around 4:00 PM, the mother noticed the child's lips were blue and she was unresponsive. The mother called a friend and the father prior to calling 911. The mother performed CPR until EMS responded and took over resuscitation efforts. The child was transported to the hospital where she was pronounced deceased at 6:00 PM.

The father and uncle were not home at the time of the fatal incident and did not have information regarding the death. They did not express concerns for the mother's ability to care for the child and described her to be attentive to the child's needs. The uncle stated his family resided independently of the parents and child. As the uncle declined further involvement from the Department, WCDSS was not able to interview the minor cousin; however, the record did not reflect attempts to interview the adult cousin or the aunt, who were present at the time of the fatal incident and who were listed as subjects of the report.

WCDSS gathered information regarding the fatal incident from first responders who did not note concerns for the child's care. WCDSS made several attempts to obtain the hospital records regarding the child's death, the hospital declined to send their entire records.

WCDSS unsubstantiated the allegations of Inadequate Guardianship and DOA/Fatality against the adults regarding the child. The Investigation Conclusion Narrative stated the investigation did not reveal credible evidence to support the allegations and noted the mother was not negligent in caring for the child. The parents were offered funeral assistance and



bereavement services in response to the fatality. The parents accepted the burial assistance but declined bereavement services as they planned to relocate out of state as soon as possible.

PIP Requirement

WCDSS will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the WCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, WCDSS 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

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:
Although the uncle declined further involvement from the Department, the record did not reflect the aunt and adult cousin were interviewed, despite being subjects of the report and their presence at the time of the fatal incident.

Required Actions Related to the Fatality

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

Issue:	Failure to Conduct a Face-to-Face Interview (Subject/Family)
Summary:	The record did not reflect interviews were conducted with the aunt or adult cousin who were listed as subjects of the report.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(a)



Action: A full Child Protective Services investigation shall include face-to-face interviews with subjects of the report and must be documented in progress notes.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/14/2020

Time of Death: 06:00 PM

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

04:10 PM

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Yes

Time of Call:

04:13 PM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **Playing on phone**

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	Female	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Female	44 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	46 Year(s)
Other Household 1	Other Adult - Cousin	Alleged Perpetrator	Male	19 Year(s)
Other Household 1	Other Child - Cousin	No Role	Female	16 Year(s)



LDSS Response

On 11/14/2020, WCDSS received the fatality report from the SCR. A duplicate report was made on the same day. Within the first 24 hours of the investigation, WCDSS coordinated the investigation with law enforcement, contacted the source of the initial report and notified the district attorney’s office of the death. A home visit was made, and the 16-year-old cousin was observed to appear safe in the care of her parents.

Law enforcement provided information that the mother was laying on the bed with the child as the mother watched movies on her phone around 3:30 PM. The mother soon noticed the child’s lips were blue and she was unresponsive. Law enforcement did not have concerns that the family caused the child’s death.

On 11/15/2020, a home visit was made. The mother stated she fed the child and placed her face-up on an air mattress. The mother checked on the child about 30 minutes later and the child was asleep. Approximately 5 minutes later, the mother noticed the child’s lips were blue. The mother called a friend who was a nurse and was instructed to call 911. The mother made a second call to the father who also instructed her to call 911. The mother called 911 and performed CPR until first responders arrived and took over resuscitation efforts. The child was transported to the hospital and was declared deceased. The father stated that he was not home at the time of the fatal incident and did not have concerns for the mother’s care of the child. The uncle was interviewed and noted that the mother was always attentive to the child and he did not have concerns for the child.

On 11/17/2020, an additional home visit was made. The mother reported the day of the child’s death was ordinary and the child napped off and on throughout the day. Around 3:45 PM, the mother fed and burped the child. The child fell asleep in the mother’s arms and the mother placed her face-up on the foot of the mattress. The mother was on the same mattress while she watched movies on her phone and was continuously checking on the child who appeared to be sleeping peacefully. Around 4:10 PM, the mother noticed the child’s lips were blue. The mother did not provide additional information regarding the death. The minor cousin was observed and appeared safe in the care of her parents. WCDSS was unable to interview the minor cousin as the uncle stated he did not want his family to be involved in the investigation; however, the aunt and adult cousin were not engaged in the investigation despite being subjects of the report.

WCDSS made several attempts to obtain hospital records but were declined access to them. EMS records were received and were consistent with the mother’s recollection of the fatal incident. WCDSS noted the medical examiner reported there were no findings of suspicious injuries that would explain the child’s death.

WCDSS offered the parents services including funeral assistance, and a referral to Victim’s Services. The parents did not accept the counseling services as they planned to move out of state after the child’s body was available to be released for burial.

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The death was referred to the Child Fatality Review Team.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055600 - Deceased Child, Female, 4 Month(s)	056643 - Father, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
055600 - Deceased Child, Female, 4 Month(s)	056643 - Father, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
055600 - Deceased Child, Female, 4 Month(s)	056642 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
055600 - Deceased Child, Female, 4 Month(s)	056642 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
055600 - Deceased Child, Female, 4 Month(s)	056645 - Aunt/Uncle, Female, 44 Year(s)	DOA / Fatality	Unsubstantiated
055600 - Deceased Child, Female, 4 Month(s)	056645 - Aunt/Uncle, Female, 44 Year(s)	Inadequate Guardianship	Unsubstantiated
055600 - Deceased Child, Female, 4 Month(s)	056647 - Other Adult - Cousin, Male, 19 Year(s)	DOA / Fatality	Unsubstantiated
055600 - Deceased Child, Female, 4 Month(s)	056647 - Other Adult - Cousin, Male, 19 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<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 type="checkbox"/>	<input checked="" 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:

Although the uncle requested WCDSS not interview his family, the record did not reflect attempts to speak to the aunt or adult cousin. The minor cousin was not interviewed per the uncle's request. The hospital declined to provide their full records.



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"/>

Explain:
The parents declined bereavement services as they planned to move out of state. The family accepted funeral assistance.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain as necessary:
The investigation did not warrant a removal of the minor cousin.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
The parents were referred to services including bereavement services and funeral assistance. The family declined mental health referrals.



History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

CPS - Investigative History More Than Three Years Prior to the Fatality

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

Known CPS History Outside of NYS

There was no known CPS history outside of New York.

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