



**Report Identification Number: SV-22-046**

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

**Issue Date: Jun 02, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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	
<b>Allegations</b>		
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
<b>Miscellaneous</b>		
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:** Nassau  
**Gender:** Male

**Date of Death:** 12/11/2022  
**Initial Date OCFS Notified:** 12/11/2022

## Presenting Information

The SCR report alleged that on 12/10/22, the mother put the subject child to bed at 10:00PM on the floor on a two foot wide plush cushioned blanket with raised sides. On 12/11/22, at 5:49AM, the mother checked on the subject child and found him unresponsive. The mother and father called 911, and began to perform cardiopulmonary resuscitation on the subject child with instructions from the 911 dispatcher. Law enforcement responded, attempted to administer cardiopulmonary resuscitation, and the subject child was transported to the hospital, where he was pronounced deceased. It was believed the parents placing the subject child in the unsafe sleep situation contributed to the child's death.

## Executive Summary

This fatality report concerns the death of the 2-month-old male subject child that occurred on 12/11/22. The SCR report contained allegations of Inadequate Guardianship and DOA/Fatality against the mother and father. At the time of his death, the subject child resided at the maternal great-grandmother's home with the mother and 1-year-old surviving sibling. The father resided with the paternal grandfather in a separate residence, where the fatality occurred. Nassau County Department of Social Services (NCDSS) received the initial SCR report as the mother resided with the children in Nassau County; however, Suffolk County Department of Social Services (SCDSS) assumed a secondary role on the investigation due to the subject child's death occurring at the father's residence in their jurisdiction.

NCDSS and SCDSS worked collaboratively to obtain information regarding the circumstances surrounding the subject child's death and learned that on 12/10/22, the mother visited the father's home with the subject child and surviving sibling. The mother and father put the subject child to sleep between 9:30-9:45PM, at the foot of the father's bed in a "Moses Basket", which can be described as a soft oval baby pillow. The subject child was put to sleep on his stomach with his head to the side. The timeline of events differed throughout the case record; however, between 4:30-5:30AM on 12/11/22, the parents woke and found the subject child face-down and unresponsive. The parents called 911 and dispatch instructed the father on how to perform cardiopulmonary resuscitation until emergency medical services arrived. Life-saving measures were continued and the subject child was transported to the hospital, where he was pronounced deceased at 5:56AM.

An autopsy was performed, and the final cause and manner of death were pending further study at the time this report was written. The medical examiner noted no injuries to the subject child or congenital conditions but did report the subject child had lung congestion. No criminal charges had been filed related to the subject child's death and the criminal investigation was closed by law enforcement.

Bereavement services were offered to the family, referrals to community services were made, and the parents were actively exploring resource options for counseling. The record did not reflect the father was interviewed regarding questions relating to risk assessment or that the paternal grandfather was interviewed, despite the fatality occurring in his home. The allegations of Inadequate Guardianship and DOA/Fatality were substantiated against the parents due to the parents putting the subject child to sleep on the floor in an unsafe sleep environment, despite a crib being available. The CPS investigation was indicated and closed on 1/23/23. At the time of case closure, the mother and surviving sibling moved in with the father and paternal grandfather, and the sibling was assessed to be safe in the parents' care.

## PIP Requirement



This review resulted in a citation related to casework practice. In response, NCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the NCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, NCDSS will review the plan(s) and revise as needed.

## 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:

NCDSS made an appropriate determination 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. The record did not reflect the PGF was interviewed.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	The record did not reflect the SF was fully interviewed regarding risk and safety. There was no documentation that the PGF was interviewed, despite being listed as an "other person" and the fatality occurring in his home.
<b>Legal Reference:</b>	18 NYCRR 432.1 (o)
<b>Action:</b>	NCDSS will make 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:** 12/11/2022

**Time of Death:** 05:56 AM

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

Unknown

**County where fatality incident occurred:**

Suffolk

**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	Grandparent	No Role	Female	82 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	26 Year(s)
Other Household 1	Grandparent	No Role	Male	52 Year(s)

### LDSS Response

Upon receipt of the SCR report, NCDSS coordinated their investigation with law enforcement and SCDSS, notified the DA's office, spoke with collateral sources, conducted home visits, and interviewed the parents.

NCDSS and SCDSS interviewed the SM and SF during numerous home visits and learned that on 12/10/22, the SM



brought the SC and SS to visit the SF overnight but did not bring the SC’s bassinet. The SM reported the SC was cranky, fussy, and had difficulty sleeping the evening preceding his death. Around 9:30-9:45PM the SM and SF put the SC to sleep on the floor, at the foot of the bed in a “Moses Basket.” During one interview, the SF stated he woke around 5:30AM on 12/11/22 to use the bathroom. The SF noticed the SC’s head was at an unusual angle, but thought the SC was still asleep and went to use the bathroom, planning to check on the SC when he returned. The SF stated that while he was using the bathroom, he heard the SM cry out the SC’s name, and he ran back to the bedroom. The SF stated the SC was stiff and unresponsive. The SM reported in a different interview that she woke up around 4:30-5:00AM and noticed the SC was face-down and pale. The SF called 911 and performed CPR until EMS arrived. EMS transported the SC to the hospital; however, life-saving efforts were unsuccessful, and the SC was later pronounced deceased.

EMS reported no signs of trauma, abuse, or neglect, and stated the SC appeared to be the appropriate size and weight. EMS reported they did not perform CPR because the SC was “beyond help” and “ice cold” at the time of their arrival, and rigor mortis had set in.

The SS was asleep in a crib in a separate room at the time of the incident. When asked why the SM and SF did not utilize the portable crib for the SC, the SM stated she had not thought of it. The SM stated the SC regularly slept on his stomach and never on his back but was able to lift his head. The SM reported that she did not co-sleep with the CHN because after giving birth to the SS, she began having seizures and did not want to have a seizure in bed with the CHN. During home visits to the MGGM’s residence, a bassinet for the SC was observed.

The MGGM was interviewed and noted no concerns for the SC. The MGGM stated the SC was “fine” when she last saw him the day before the fatal incident. The MGGM stated the SC was brought to the doctor for congestion the week prior because the SC cried a lot and they believed he was colicky. The MGGM confirmed the SM practiced safe sleep while she was staying at her residence.

The SM brought the SC to an urgent care facility on 12/7/22 due to the SC having a stuffy nose. This appointment was confirmed by NCDSS, and the reason for the visit was excessive crying and being uncomfortable. The urgent care facility noted the SC had a normal exam with a history of colic, appeared well and healthy, and was treated for ongoing colic. NCDSS spoke with the SC’s pediatrician who confirmed the SC was being given gas drops. The SC’s last well-child visit was 11/10/22 and he was supposed to have another visit 12/13/22. The SS was noted to be up to date but had missed the visit on 12/13/22 due to the SC’s death.

### 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?** Yes

**Comments:** Nassau County Department of Social Services referred this fatality to their OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation
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			Outcome
063588 - Deceased Child, Male, 2 Mons	063593 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
063588 - Deceased Child, Male, 2 Mons	063593 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
063588 - Deceased Child, Male, 2 Mons	063597 - Father, Male, 26 Year(s)	DOA / Fatality	Substantiated
063588 - Deceased Child, Male, 2 Mons	063597 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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:**

The record did not reflect that NCDSS interviewed the PGF face-to-face, despite the fatality occurring in his home where the SF was residing.

### 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# Child Fatality Report

<b>siblings/ other children in the household within 24 hours?</b>	<input type="checkbox"/>	<input 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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### 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:**

The SS did not need to be removed following the SC's death.

### 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
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<b>Bereavement counseling</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Couples Counseling

**Additional information, if necessary:**

Bereavement services were offered to the parents following the SC's death. Referrals were completed on behalf of the parents at their request for couples counseling, to assist with co-parenting and communication. The record did not reflect that burial assistance was offered or that an Early Intervention referral was completed for the SS.

**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?** No

**Explain:**

Due to the SS's age, there were no services needed related to the SC's death.

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

**Explain:**

Bereavement services were offered to the SM and SF. The SM completed a virtual visit with a provider, but was looking for services closer to her residence after moving back in with the SF.

## 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?**

No



## 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 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