



**Report Identification Number: SV-23-058**

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

**Issue Date: Apr 09, 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:** 2 month(s)

**Jurisdiction:** Rockland  
**Gender:** Male

**Date of Death:** 11/02/2023  
**Initial Date OCFS Notified:** 11/02/2023

## Presenting Information

Rockland County Department of Social Services (RCDSS) received an SCR report which alleged that on 11/2/23 at 2:46PM emergency medical services (EMS) were called after the infant subject child was coughing and stopped breathing. EMS arrived on scene at 2:50PM and discovered a daycare provider with the subject child in her arms. The daycare provider's adult son was present. The subject child was wrapped in a blanket. The subject child's body was cold to the touch and his lips and fingertips were blue. The subject child had no signs of trauma to his body, but his airway was suspected to be obstructed due to his chest not rising when the emergency medical technician attempted to perform cardiopulmonary resuscitation (CPR). The subject child was transported to the hospital where he was pronounced dead at 4:04PM. The subject child was an otherwise healthy child, and the daycare providers had no explanation for the child's death.

## Executive Summary

An SCR report was received on 11/2/23, regarding the death of the 2-month-old subject child. The SCR report contained allegations of DOA/Fatality, Inadequate Guardianship and Lack of Medical Care against the daycare provider and the daycare provider's son. At the time of his death the subject child resided with his mother, father, and 7yo surviving sibling. The fatality occurred at the daycare provider's home. There were approximately 20 other children in the care of the daycare provider and her son at the time of the fatal incident. RCDSS assessed the other children present to be safe in the care of their respective parents.

On 11/2/2023, RCDSS learned that while the daycare provider (DCP) was attempting to feed the subject child he became unresponsive. The daycare provider's son contacted 911. First responders arrived and attempted to resuscitate the subject child unsuccessfully. The subject child was transported to the hospital where he was pronounced deceased.

RCDSS corresponded with the medial examiner who reported that an autopsy was completed on the subject child. There were no visible marks, bruises or injuries on the subject child. The final autopsy report listed the cause of death to be sudden unexpected death in infancy complicated by semi-prone position on adult bed. The autopsy report listed human parechovirus as a significant condition contributing to death. The manner of death was undetermined. No airway obstructions were found.

RCDSS spoke with first responders and both police departments that responded. First responders reported there was a delay in calling 911 after the subject child was found unresponsive. The daycare provider first called the parents of the children at the daycare to come pick them up and then called neighbors to come help with the children that were present. The delay was approximately 25 minutes long. Around 2:00PM the subject child threw up and it contained blood and the subject child went limp in the daycare provider's arms. The daycare provider's son did not call 911 until approximately 2:43PM. Prior to the daycare provider holding the subject child, he had been laying on the daycare providers bed with another infant and possibly with other children. The subject child may have choked on something as EMS felt resistance in his airways when they attempted to administer life-saving measures. The daycare provider did not know how to contact the subject child's family. Law enforcement stated to RCDSS they expected to pursue criminal charges against the daycare provider.

The family reported they were utilizing bereavement services through St. Joseph's. RCDSS offered funds for the funeral services and contacted local funeral homes to help the family coordinate. It was unclear if the family accepted the funds



for the services. The daycare provider was provided with information for bereavement services.

RCDSS appropriately substantiated the allegations of Inadequate Guardianship and Lack of Medical Care against the daycare provider regarding the subject child. RCDSS appropriately unsubstantiated the allegations of DOA/Fatality against the daycare provider and allegations of Inadequate Guardianship, Lack of Medical Care, and DOA/Fatality and her son. RCDSS gathered pertinent information from collateral contacts such as, the medical examiner, first responders, medical providers, and families involved with the daycare. RCDSS uploaded necessary documents and entered progress notes timely.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### 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? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
The subject child died in the care of the unlicensed daycare provider. It was determined there were no concerns for the parents of the subject child. The daycare provider only has an adult child and has been told she can no longer watch children. The daycare provider was appropriately indicated for allegations of IG and LMC.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 11/02/2023

Time of Death: Unknown



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

02:00 PM

**County where fatality incident occurred:**

Rockland

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

02:43 PM

**Did EMS respond to the scene?**

Yes

**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: The SC was being held.

**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	No Role	Male	38 Year(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	44 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Male	21 Year(s)

### LDSS Response

RCDSS initiated the investigation within 24 hours, coordinated with LE, contacted the source, completed a CPS history review, and communicated with the ME. RCDSS assessed the SS and other CHN who attended the Daycare to be safe in the care of their parents.

RCDSS interviewed the DCP and her son and learned the morning of the incident the DCP picked the SC up at his home. From the moment she picked him up he was crying and he continued to cry all morning. When she arrived home, he felt cold so she changed his pants and put him in her room in his car seat. Around 11:00AM he was still crying and cold to the touch. Around 12:10PM he was still crying, and at 12:30PM the DCP lain the SC on her bed. Around 1:15PM the DCP changed his diaper and noticed he had an abnormal bowl movement. He was stiffening his body but remained sleeping. He was cold to the touch and his skin had a bluish/purple color. During the day the DCP attempted to feed the SC three times and each time he refused. Around 2:10PM she attempted a fourth time and he gasped for air. She turned him face down and patted his back. Milk came out of his nose. He was unresponsive. She tried waking him, but he had no reaction and his arms were limp. Around 2:30pm her son heard her screaming. He saw her holding the unconscious SC and called 911. He was instructed to give CPR. When blood and bubble-like foam came out of the SC's mouth, he was told to stop CPR. The SC's skin had turned purple. EMS attempted to revive the SC without success. At the hospital he was pronounced dead.

The DCP had a full-size bed. It was observed to be in disarray with two pillows and two thick blankets on it. There were



no provisions for CHN. The DCP denied the blankets were there when she laid the SC down. The DCP performed a reenactment of how the SC was laying by placing a teddy bear in the middle of the bed on its side. She placed a pillow against its back and two pillows above its head. The DCP believed the SC was sick but she did not call the parents. She had been watching about 20 CHN at the time of the SC's death. She had never had a DC license but had been watching CHN for over 20 years. She did not know the SC or his parents' names.

RCDSS learned from the SC's parents the SC had immunizations on 10/31/23 and after had a normal night, ate, bathed, and went to bed. During the night he woke up every 2 hours for feedings. On 11/2/23 he woke up at 7:00AM acting himself and ate. The DCP picked him up around 7:15AM. He was fussy but nothing unusual. The BM called the DCP around 5:00PM to say that the CHN could be dropped off, but the DCP did not answer. The BF went to the DCP's home to pick the CHN up when he was brought to the hospital and told that SC had passed. The SC had been healthy. The parents never entered the DCP's home and were unaware that she had been caring for so many CHN. The parents had no previous concerns for the DCP. The SS denied any inappropriate behavior towards him or the SC at the DCP's home.

RCDSS spoke with EMS who reported when they arrived the DCP was holding the SC and walking out of the home. She was directed to put the SC on the couch. The SC was not breathing, was cold to the touch and was bluish in color. CPR was performed. There was no heart rhythm, and they were unable to get an advanced airway in due to the SC's jaw not opening. The SC was taken to the hospital and pronounced dead. RCDSS spoke with the pediatrician who reported that the SC was seen on 10/16/23 for a well visit but due to diarrhea did not get vaccines. The SC was seen on 10/31/23 and received the vaccines. The SC was full term with no complications. The SC was seen a total of 8 times at the doctor's office. There were no concerns for the parents.

RCDSS contacted all agencies involved with the MDT, contacted collaterals such as the school, pediatrician, EMS and hospital and interviewed all surviving family members. All CHN who attended the daycare were seen and their parents notified.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** From a 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:** Rockland County does not have a Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066171 - Deceased Child, Male, 2 Month(s)	066178 - Day Care Provider, Female, 44 Year(s)	Inadequate Guardianship	Substantiated
066171 - Deceased Child, Male, 2 Month(s)	066178 - Day Care Provider, Female, 44 Year(s)	Lack of Medical Care	Substantiated
066171 - Deceased Child, Male, 2 Month(s)	066178 - Day Care Provider, Female, 44 Year(s)	DOA / Fatality	Unsubstantiated



# Child Fatality Report

066171 - Deceased Child, Male, 2 Month(s)	066179 - Day Care Provider, Male, 21 Year(s)	DOA / Fatality	Unsubstantiated
066171 - Deceased Child, Male, 2 Month(s)	066179 - Day Care Provider, Male, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
066171 - Deceased Child, Male, 2 Month(s)	066179 - Day Care Provider, Male, 21 Year(s)	Lack of Medical Care	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 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

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?

**Explain:**  
RCDSS did not have to complete safety assessments due to this being a daycare case.

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

**Explain as necessary:**  
RCDSS determined the SS was safe with the parents. RCDSS saw all the CHN that attended the daycare and deemed them to be safe with their parents. Some of the CHN that attended the daycare were spoken with, some were not, and some were too young to engage in conversation.

**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"/>





<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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 offered assistance to help with the funeral and burial. It was unclear if the offer was utilized. The family reported that they were receiving bereavement counseling through their church. The pediatrician provided the family with a therapist's information for the SS.

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

**Explain:**

The family was offered assistance to help with the funeral and burial. The family reported that they were receiving bereavement counseling through their church.

## 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.

### 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