



Report Identification Number: NY-20-019

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

Issue Date: Jul 21, 2020

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: 9 month(s)

Jurisdiction: New York
Gender: Male

Date of Death: 02/14/2020
Initial Date OCFS Notified: 02/14/2020

Presenting Information

An SCR report was received with concerns that on 2/14/20, the 9-month-old subject child died while in the care of the mother and father. The report alleged at 3:00PM that day, the mother put the child and his twin sister to sleep in their shared crib, and around 4:30PM the mother noticed something was wrong with the child. The child was unresponsive when the fire department arrived. The child was transported to the hospital and pronounced dead at 5:27PM.

Executive Summary

This fatality report concerns the death of a nine-month-old male subject child that occurred on 2/14/20. A report was made to the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child’s mother (SM) and father (SF). The Administration for Children’s Services (ACS) received the report and investigated the child’s death. An autopsy was completed; however, the final report remained pending at the time of this writing.

At the time of the child’s death, he resided with his mother, father, 4-year-old sister and 9-month-old twin brother (SS). Also, in the home were a maternal aunt (MA), her one-year-old child (OC), a maternal uncle (MU) and a maternal grandfather (MF). The investigation revealed on the afternoon of 2/14/20, the father was at home with the child and siblings while the mother was at a nearby laundromat. The father fed the child and his twin at approximately 2:00PM, and then laid the twins in the same crib for a nap. The crib contained a sheet and a body pillow, and both children were placed on their backs to sleep. The father and the sibling fell asleep in the same room as the twins, and the mother arrived home at some point while all were sleeping. At 4:00PM, the twin sibling awoke, and the father got out of bed to check on her. At that time, the father found the subject child face down in the crib and unresponsive. The father called out for the mother, who began cardiopulmonary resuscitation while the father contacted emergency services. The ambulance arrived shortly thereafter and transported the child to the local hospital, where he was pronounced deceased at 5:27AM.

From the time the investigation began to the time of its closure, ACS interviewed family members and relevant collateral sources. Law enforcement found no criminality on behalf of the mother or father. ACS provided the family with appropriate services referrals in response to the death of the child, including voluntary prevention services to address ongoing needs. Although safety of the siblings and cousin was assessed within 24 hours, ACS did not complete the assessment in CONNECTIONS timely. ACS found no evidence the parents’ actions or inaction caused the death of the child. The investigation was unfounded and closed.

PIP Requirement

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

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 gathered sufficient information to appropriately determine the allegations and assess the safety of the SS and cousin.

Was the decision to close the case appropriate? N/A

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 case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Timely/Adequate 24 Hour Assessment |
| Summary: | Although the safety of the SS and cousin was assessed within 24 hours and documented in progress notes, the initial safety assessment was not completed and approved in CONNECTIONS until 2/16/20, one day late. |
| Legal Reference: | SSL 424(6);18 NYCRR 432.2(b)(3)(i) |
| Action: | ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue. |

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 02/14/2020

Time of Death: 05:27 PM

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

Unknown

County where fatality incident occurred:

New York

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 alcohol or drugs?

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 1 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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 | Aunt/Uncle | No Role | Male | 54 Year(s) |
| Deceased Child's Household | Aunt/Uncle | No Role | Female | 27 Year(s) |
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 9 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 24 Year(s) |
| Deceased Child's Household | Grandparent | No Role | Male | 52 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 22 Year(s) |
| Deceased Child's Household | Other Child - Cousin | No Role | Female | 1 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 9 Month(s) |
| Deceased Child's Household | Sibling | No Role | Female | 4 Year(s) |

LDSS Response

On 2/14/20, ACS received the SCR report regarding the death of SC, which occurred on that same date. ACS initiated their investigation within 24 hours and adhered to approved protocols for joint investigation. ACS learned there were SS



and worked promptly to assess their safety.

On 2/14/20, ACS met with the family at their residence. The home environment was observed and there were concerns noted about cleanliness. SF was interviewed and reported the entire family had been ill the past week or so. He explained SC and his twin were given over the counter remedies as needed to alleviate symptoms. SF reported on the afternoon of 2/14/20, he was home alone with the CHN while SM went to the laundromat. He stated he fed SC and his twin around 2:00PM, and then placed them both down in the crib together, on their backs, to nap. SF stated he and the 4yo SS also fell asleep in the same room while the twins napped. SF explained SM returned home prior to everyone falling asleep; however, could not recall what time. SF explained he woke up around 3:00PM and checked on the twins, who appeared to be sleeping. SF stated SC's twin awoke at 4:00PM, and when SF went to check on her, she was lying with her head on SC's back, and SC was face down, not breathing and stiff. SF said he yelled for SM because she was familiar with how to perform CPR. He stated he called 911 while SM started chest compressions. SM was briefly spoken with on this date as well. She explained the twins were born prematurely. SC was in the NICU for a week and a half after birth, and his twin was in the NICU for one month. SM denied the twins had any chronic medical conditions due to their prematurity but stated they had been ill in the days leading up to SC's death. During this home visit, ACS also spoke with MA, who reported she and her 1yo CH were not at home when the incident occurred and therefore had no information to provide. MA's CH was observed and assessed as safe. ACS attempted to interview MGF; however, he refused to speak with the caseworkers on that date.

On 2/18/20, ACS attempted to interview the 4yo SS; however, the SS would not engage with the CW. On this same date, ACS spoke with MGF regarding the death of SC. MGF explained on 2/14/20, he had left the home around 2:00PM to go to the store and returned 15 minutes later. He stated he went inside and went to sleep and was awoken by LE knocking on his bedroom door. MGF said LE informed him SC was being taken to the hospital because he was found not breathing. MGF was not aware of what occurred leading up to the fatal incident. MGF had no concerns regarding the care of the CHN and denied having any additional information regarding SC's death.

On 3/26/20, ACS attempted to interview MU; however, due to cognitive delays, the interview was unsuccessful. Further interviews with SM and SF resulted in conflicting information. SM reported she had returned home from the laundromat around 2:55PM, and she was the one who fed the twins and placed them both down for their nap, whereas SF was adamant he fed the twins and placed them down for their nap. SM reported the body pillow was in the crib while the twins slept, but SF denied this. SF was consistent in stating he last saw SC alive around 3:00PM. ACS interviewed the parents numerous times to gather as accurate a timeline as possible.

Throughout the investigation, ACS spoke with collateral sources and family members. The SS were assessed on numerous occasions and noted to be safe. LE found no criminality on behalf of SM or SF regarding SC's death. Although the final autopsy report was not yet available, ACS spoke with the ME who informed ACS that SC appeared to be a healthy infant, with no signs of trauma or injury to his body. ACS found no evidence SC's death was the result of abuse or maltreatment by the parents, and therefore unsubstantiated the allegations. A voluntary preventive services case was opened and remained ongoing at the time of this writing.

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)?No

Comments: This investigation adhered to previously approved protocols for joint investigation.



Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: ACS does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--|--|---|--------------------|
| 054553 - Deceased Child, Male, 9 Mons | 054554 - Father, Male, 24 Year(s) | DOA / Fatality | Unsubstantiated |
| 054553 - Deceased Child, Male, 9 Mons | 054554 - Father, Male, 24 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 054553 - Deceased Child, Male, 9 Mons | 054555 - Mother, Female, 22 Year(s) | DOA / Fatality | Unsubstantiated |
| 054553 - Deceased Child, Male, 9 Mons | 054555 - Mother, Female, 22 Year(s) | Inadequate Food / Clothing / Shelter | 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"/> |
| 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"/> |
| Did the investigation adhere to established protocols for a joint investigation? | <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:

ACS interviewed the family and appropriate collateral sources. Progress notes and other documentation were completed and entered timely.

Fatality Safety Assessment Activities



Child Fatality Report

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: | | | | |
| Within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input 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:

ACS offered the family appropriate services in response to the SC's death.

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"/> |



Explain as necessary:

No children were removed as a result of this fatality investigation.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 checked="" type="checkbox"/> | <input 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"/> |

Additional information, if necessary:

ACS provided the family with bereavement counseling referrals and information on assistance with funeral costs. ACS offered the family preventive services which were accepted.

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:

ACS provided referrals for grief and bereavement counseling to the parents for the SS.

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



fatality? Yes

Explain:

ACS provided the parents and other family members referrals for grief counseling and bereavement services.

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?** Yes

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 is 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