



Report Identification Number: NY-21-053

Prepared by: New York City Regional Office

Issue Date: Nov 05, 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: 3 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 05/08/2021
Initial Date OCFS Notified: 05/08/2021

Presenting Information

The 5/8/21 SCR report alleged on the morning of 5/8/21, sometime before 11:00 AM, the SM failed to provide the SC with adequate supervision while the SM and SC were visiting a friend's home for a gathering. The SM was attending to something in the house and the SC wandered out of the residence and walked into the street unattended. The SC was then hit by a truck. The SC lost consciousness, sustained severe head trauma, and internal bleeding. The SC went into cardiac arrest multiple times. The SC was transported to the hospital emergency department. Th SC subsequently died as a result of his injuries. Th SC was pronounced dead on 5/8/21, at 12:11 PM. Th BF was not present at the time of the incident. Th BF had an unknown role.

Executive Summary

This 3-year-old male child died on 5/8/21. The certificate of death listed the cause of death as blunt impact head trauma and the manner of death as accident. At the time of the child's death, he resided with his mother, 10-year-old, 7-year-old, and three-month-old twin female surviving siblings. The 7 year old female sibling was with her father for the week .

ACS's investigation revealed on 5/7/21, the mother and her children went to a friend's home because the family had planned to attend a baby shower scheduled for 5/8/21. The older children (including the 3-year-old child) were playing in the backyard while the mother was insider breastfeeding one of the twins. The 3-year-old child entered the home, asked for something to eat, and returned to the backyard to play. A few minutes later the mother noticed that an ambulance was parked in front of the home with the emergency lights flashing. The mother and the rest of the family went out to ascertain the cause of the presence of the ambulance and learned that the 3-year-old child had been hit by a vehicle. The child was transported to the hospital where he was pronounced dead.

Law enforcement reported there were three calls from bystanders regarding the incident. None of the adults from the child's home witnessed the incident. When the mother arrived on the scene the child was already hurt.

The medical examiner did not observe any suspicious marks or bruises on the child's body at autopsy and noted that all of the trauma was in the head region with minimal abrasions on the torso and the back of the right leg.

On 5/14/21, ACS convened a conference and recommended services for the family. The documentation reflected early intervention referrals were made for the twin surviving siblings.

On 6/7/21, ACS submitted a legal consultation and was informed there was no basis for court intervention. The family was offered services however they refused. The father of the 3-year-old child requested burial assistance.

On 7/7/21, ACS unsubstantiated the allegations of DOA/Fatality, Inadequate Guardianship, Internal Injuries, and Lack of Supervision of the child by the mother on the basis the child's death was an accident. ACS documented that law enforcement reported there would be no arrests. ACS further documented that the surviving children were not in imminent or impending danger of serious harm.

NYCRO does not agree with the unsubstantiation of the allegation of Lack of Supervision of the subject child. The mother remained in the home while the 3-year-old child was outside playing with other children who were not of suitable ages for supervising the child.



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:

Sufficient information was gathered to make the determination for the report.

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 level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, was not commensurate with the case circumstances although sufficient information was gathered from some pertinent collaterals to make the determination. There was no contact with EMS or the hospital.

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:	The 24-hour safety assessment was not completed timely as it was not completed until 5/10/21.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.



Issue:	Contact/Information From Reporting/Collateral Source
Summary:	ACS did not interview the EMS or the hospital medical physician regarding the incident.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/08/2021

Time of Death: 12:11 PM

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 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: **Feeding a younger child.**

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	3 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)



Deceased Child's Household	Sibling	No Role	Male	3 Month(s)
Deceased Child's Household	Sibling	No Role	Male	3 Month(s)
Other Household 1	Other Adult - father of the 7-yo	No Role	Male	30 Year(s)
Other Household 2	Other Adult - father of the 10-yo	No Role	Male	27 Year(s)
Other Household 3	Other Adult - father of 3-month-old twins	No Role	Male	26 Year(s)

LDSS Response

On 5/8/21, the hospitals' social worker (SW) said the SM was at a friend's home for a family function. The SC was hit by a truck while the SM was possibly attending to other CHN.

On 5/9/21, the BF told ACS he received a call on 5/8/21 from the SM stating the SC was hit by a vehicle. BF did not have any concerns for the SC being in the care of the SM and no concerns for the other CHN.

ACS made attempts to interview the mother on 5/9/21; however, the mother was out of NYC. ACS contacted the friend with whom the mother was staying and learned the mother would be at the friend's home indefinitely. ACS conducted a video call with the SM's friend, and saw the 10-yo SS, and the 3-month twin SSs. ACS followed up with the assessment of the 7-yo SS who was with a relative outside NYS. There were no concerns for the SSs.

On 5/10/21, the BF of the 7-yo SS said he was informed of the incident by the PGM. His understanding was the SM's sibling called the PGM to inform her that a vehicle was backing up in the friend's driveway and hit the SC. The BF confirmed the 7-yo was not with the mother when the incident occurred as she was staying with him and the PGM. ACS observed the 7-yo SS. The SS denied she was ever home alone. SM took her and her siblings with her when she left, and they are not left alone.

On 5/12/21, ACS spoke with the SM by phone. She told ACS the SC, herself and the twins were staying at her friend's home. They arrived on 5/7/21 as she planned to attend a friend's baby shower on 5/8/21. The mother said the SC ended up in the front yard where he was hit.

On 5/13/21, Suffolk County DSS (SCDSS) conducted a visit to the friend's home to speak with the SM. The CW observed the SM's twins. The SM said at about 10:00 AM after she finished preparing the SC for the baby shower, the SC was playing with her friends CHN in the back yard. He came in and asked for something to eat and ran out the back door to the yard to continue playing. The SM said she was sitting on the sofa with her friend and her twins. SM and her friend saw out the front window there was an ambulance and her friend said it was the SC. SM and everyone else ran out in front and saw the SC lying in a pool of blood. SM was temporarily staying with friends for support and had no plans to permanently relocate. The 10-yo and 7-yo SSs were at a cousin's home. Neither of these two SSs were at the friend's home when the incident occurred; they were at their relative's home. The SM denied substance abuse.

The documentation reflected that SCDSS visited the address of the SM's friend where the incident occurred. No one was home. A white PVC fence was observed to the right of the home with the gate swinging open, and it seemed like it was broken with no lock.

On 6/30/21, ACS visited the case address in NYC. ACS saw the SM and four SS's. The SM was asked if the family needed any services; the SM declined.

ACS unsubstantiated the allegations of the report.

Official Manner and Cause of Death



Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Unknown

Comments: The incident occurred outside of NYC.

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

Comments: There is no OCFS approved Child Fatality Review team in the NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058363 - Deceased Child, Male, 3 Yrs	058365 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
058363 - Deceased Child, Male, 3 Yrs	058365 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
058363 - Deceased Child, Male, 3 Yrs	058365 - Mother, Female, 27 Year(s)	Internal Injuries	Unsubstantiated
058363 - Deceased Child, Male, 3 Yrs	058365 - Mother, Female, 27 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<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 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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

Additional information:

ACS did not interview the EMS or the hospital's physician regarding the incident.

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 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:

The BF of the SC was interested in burial assistance for the SC and provided ACS with information. The documentation reflected the family was not agreeable to any service referrals, but accepted the list of resources.

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"/>

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

Additional information, if necessary:
 Bereavement counseling offered but family refused. Information was provided regarding burial assistance.

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:
The documentation reflected the family was not agreeable to any service referrals, but accepted the list of resources.

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

Explain:
The BF of the SC was provided with information regarding burial assistance. The documentation reflected the family was not agreeable to any other service referrals, but accepted the list of resources.

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

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

The SM was known to the SCR and ACS as a subject in two reports dated: 9/8/14 and 12/31/15. The allegations of the 9/8/14 report was IG of the 10-yo female sibling by the SM and IG, II, and L/B/W by the parent substitute. On 10/20/14, the report was UNF and closed. The allegations of the 12/31/15 were IG and LS of the 7-yo and 10-yo female siblings by the SM. On 2/29/16, ACS UNF the report. The report was closed with no services required.

The SM was known to the SCR and Suffolk County DSS as a subject in one report dated 9/25/15. The allegations of the 9/25/15 report were IG and LS of the 7-yo and 10-yo female siblings by the SM. On 1/4/16, the report was UNF and closed.

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