



Report Identification Number: NY-17-003

Prepared by: New York City Regional Office

Issue Date: Jul 25, 2017

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		
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
CPR-Cardiopulmonary Resuscitation		
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	

Case Information



Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 01/07/2017
Initial Date OCFS Notified: 01/07/2017

Presenting Information

On 1/7/17, the SCR registered two reports regarding the death of this SC. The reports alleged on 1/7/17, while being the sole caretaker of the SC, the BM took antibiotic medications for her tonsils and slept for sixteen hours. As a result, at approximately 6:00 A.M. on 1/7/17, the BM woke up and found the SC unresponsive and cold in temperature. The BM drove from her home with the SC to the MGM's home in Brooklyn for help. At 6:15 A.M., the BM and the MGM arrived at the hospital with the SC who was still not breathing. The SC was an otherwise healthy child who had been deceased for a day prior to the BM seeking medical attention for him. The SC was pronounced deceased at 6:34 A.M. The explanation of the injury did not correspond with the sustained injury.

On 1/8/17, ACS received additional information regarding the fatality stating the surviving sibling was removed from the BM's and MGM's care. She was medically cleared and placed in foster care.

Executive Summary

On 1/7/17, the SC was left unsupervised for a period of time and passed away. The BM's whereabouts were unknown at the time of the SC's death. According to the case records, there were two conflicting accounts of the BM's whereabouts on 1/6/17. The BM reported on 1/6/17, she was home; she took prescribed allergy medication which caused her to sleep for several hours. When she woke up, she found the SC unresponsive. However, paternal relatives said the BM and the surviving sibling (SS) were at their home in Brooklyn on 1/6/17 until approximately 4:00 A.M. on 1/7/17. The BM told paternal relatives that the SC was with the MGM at the time. At 6:20 A.M., the BM and the MGM brought the SC who was deceased upon arrival to the hospital. He was officially pronounced dead by hospital staff at 6:34 A.M. The SC's official cause and manner of death were unknown; however, preliminary diagnosis indicated suspected abuse and neglect. The BF was incarcerated at the time of the incident.

On 1/7/17, ACS received the report and initiated the CPS investigation by contacting the family and relevant collaterals. The information obtained from the collaterals revealed there was external trauma to the SC which was consistent with abuse and neglect. The family's accounts of the incident were inconsistent. Following the advice of her attorney, the BM refused to engage with ACS or LE.

During the investigation, ACS filed an Article 10 Petition in Richmond County Family Court (RCFC) on behalf of the SS. The BM was the respondent in the petition. The RCFC granted a remand for the SS and she was placed in the kinship foster home of the Maternal Great Aunt (MGA). The Children's Aid Society was the supervising foster care agency. The RCFC also granted full OOP against the BM for the SS. The BM was granted two supervised visits a week by ACS.

At the time of completing this report, ACS had not been able to corroborate the two accounts of the events leading up to the SC's death. The BM had received legal representation and was not communicating with ACS. Also, ACS had not made a determination of the CPS investigation. The ME's report remained pending and the LE had not made any arrests. The SS remained safe in the MGA's home and her visits with the BM had been occurring without any concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

- 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:

At the time of completing this report, ACS had not made a determination of the 1/7/17 report.

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: 01/07/2017

Time of Death: 06:34 AM

- County where fatality incident occurred: Richmond
- Was 911 or local emergency number called? No
- Did EMS to respond to the scene? No
- At time of incident leading to death, had child used alcohol or drugs? No
- 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



Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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	Deceased Child	Alleged Victim	Male	7 Month(s)
Deceased Child's Household	Mother -	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)
Other Household 1	Grandparent	No Role	Female	45 Year(s)

LDSS Response

On 1/7/17, the Specialist contacted the hospital and LE staff who had interviewed the BM. The BM stated at 7:00 A.M. on 1/6/17, she took prescribed allergy medication that caused her to be sleepy. At 12:00 P.M., the BM attempted to feed the SC; she placed the SC on his back in his crib, propped the bottle up, and then went to sleep. At 5:50 A.M. on 1/7/17, the BM awoke and found the SC unresponsive. She did not call 911; instead, she drove from her home with the SC to the MGM's home in Brooklyn. At 6:20 A.M., the BM and the MGM arrived at the hospital with the SC still not breathing. The hospital staff stated the SC was observed with bruises over his body. The SC's body was completely gray in color. The LE staff stated the investigation was ongoing; however, there was no arrest.

The Specialist then visited the family at the hospital for an assessment. The BM declined to be interviewed stating she has retained an attorney. The Specialist observed the SS to be free of any suspicious marks or bruises. The SS could not provide any information about the incident or the family dynamics due to her age. The Specialist also observed the SC. He appeared underweight and discolored.

The PA disclosed that at approximately 10:00 P.M. on 1/6/17, the BM brought the SS to her home in Brooklyn. The BM said the SC was at the MGM's home at the time. At about 10:30 P.M. the BM left the PA's home and said she was going to the MGM's home to put the SC to sleep. At 12:00 A.M. on 1/7/17, the BM returned to the PA's home and hung out with the PA. At about 4:00 A.M., the BM left the PA's home saying she was going home. At about 6:00 A.M., the BM called the PA via phone saying she was in the hospital with the SC. According to the PA, the BM disclosed the SC had been sick about two weeks before his death but she did not ask the BM if the BM took the SC to the Dr.

The MGM stated at about 6:15 A.M, the BM came to her home saying something was wrong with the SC. The BM did not appear to be under the influence at the time. The MGM and the BM then drove to the hospital with the SC. She denied caring for the SC on 1/6/17.



While at the hospital, the BM made threats of suicide. She was admitted for a clinical evaluation and then released.

Later that same day, the SS was medically cleared and removed from the BM's care.

On 1/8/17, the ME reported that the preliminary findings revealed external trauma to the SC and that the SC was dead for "several hours" before he arrived at the hospital.

On 1/9/17, ACS held a child safety conference (CSC). The ACS CSC participants recommended judicial intervention to protect the SS. The BM was asked to submit to a drug test. Following the CSC, ACS filed an Article 10 Neglect Petition in Richmond County Family Court (RCFC) on behalf of the SS. The BM was the respondent in the petition. The RCFC granted a remand for the SS. She was placed in the kinship foster home of the MGA. The Children Aid's Society was the supervising foster care agency. RCFC granted an OOP against the BM for the SS but allowed two visits a week to be supervised by ACS or the foster care agency.

Also on 1/9/17, the Specialist observed the SS in the kinship foster home. There were no concerns for the SS.

On 1/18/17, the Specialist interviewed the BF via phone. The BF did not report any concerns for the BM.

Between 2/4/17 and 5/24/17, the Specialist made casework contacts with the family, the ME and LE. The BM refused to submit to a drug test; however, she reported seeing a clinician. The ME and LE did not provide any new information regarding the fatality. The ME's report remained pending and the LE had not made any arrests. The SS remained safe in the MGA's home and her visits with the BM had been occurring without any concerns.

At the time of completing this report, ACS had not made a determination of the CPS investigation.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or 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)?No

Comments: The investigation adhered to approved protocols for joint investigation.

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

Comments: There is no OCFS approved CFRT in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
038541 - Deceased Child, Male, 7 Mons	038542 - Mother, Female, 25 Year(s)	Lacerations / Bruises / Welts	Pending
038541 - Deceased Child, Male, 7 Mons	038542 - Mother, Female, 25 Year(s)	DOA / Fatality	Pending
038541 - Deceased Child, Male, 7 Mons	038542 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Pending



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: On 1/9/17, the Richmond County Family Court (RCFC) granted a remand for the SS and she was placed in the kinship foster home of the maternal great aunt. Also, the RCFC granted full OOP against the BM for the SS.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/09/2017	There was not a fact finding	There was not a disposition
Respondent:	038542 Mother Female 25 Year(s)	
Comments:		

Have any Orders of Protection been issued? Yes

From: 01/09/2017 **To:** Unknown

Explain:
 On 1/9/17, the Richmond County Family Court granted an OOP against the BM for the SS with supervised visits.



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

Foster care services for the SS.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The BM has not communicated with ACS to discuss services and the BM was the sole caretaker of the SC.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

No

Was there an open CPS case with this child at the time of death?

No



Was the child ever placed outside of the home prior to the death? No
 Were there any siblings ever placed outside of the home prior to this child's death? No
 Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither 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

The family did not have any CPS history.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of NYS.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

- Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of 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