



**Report Identification Number: NY-19-105**

**Prepared by: New York City Regional Office**

**Issue Date: Mar 02, 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 day(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 09/03/2019  
**Initial Date OCFS Notified:** 09/03/2019

## Presenting Information

On 9/3/19, the SCR registered a report alleging the 4-day-old SC passed away while in the care of his parents. The report stated the SC was asleep on the bed with the mother, and the father slept on the floor with the 4-and 9-year-old siblings. The report alleged the mother had difficulty breastfeeding the SC on 9/2/19 at 11:00 P.M. and on 9/3/19 at 12:00 A.M. When the mother attempted to feed the SC again at 2:30 A.M on 9/3/19, she found the SC blue and unresponsive. The mother alerted the father and one of the parents called 911. EMS responded to the 911 call and transported the SC to the hospital where he was pronounced dead. According to the report, the SC had no known preexisting medical condition.

## Executive Summary

The SC was 4 days old when he died on 9/3/19. The autopsy listed the cause of death as undetermined (4-day-old neonate in adult bed with adult and soft bedding) and the manner of death undetermined.

The SC resided with his parents and two siblings ages 4 and 9 years old (yo). The SC had no health issues and was discharged from the hospital on 9/1/19. The parents reported they relocated to New York from Texas on 7/20/19 as the mother was about to give birth and they needed the family support which they did not have in TX.

On 9/3/19, the SCR registered a report regarding the death of the SC with allegations of DOA/FATL and IG of the SC by the parents.

According to the mother, on 9/2/19 at 11:00 P.M. and 12:00 A.M. on 9/3/19 she woke up to nurse the SC, but he would not feed. The mother said when she woke up at 2:30 A.M., she noticed the SC was blue and unresponsive. EMS was called and the SC was transported to the hospital where he was pronounced dead.

ACS initiated the investigation timely and assessed the siblings to be safe in the care of their parents. ACS found there were no safety concerns in the home and there were adequate provisions for all the children. The documentation stated the family would be referred to the Child Advocacy Center (CAC), but there was no follow up and no adequate interview was held with the siblings. ACS reached out to CPS in TX and confirmed the family had no child abuse or maltreatment history there.

As per protocol, ACS held two Child Safety Conferences (CSC) on 9/3/19 and 10/22/19. The initial CSC was held only hours after the SC's death. Based on the information gathered at this CSC, it was determined no court intervention would be warranted as there were no safety concerns regarding the siblings. However, ACS documented a "safety and service plan of action" that was not relevant to the case circumstances. ACS provided the parents safe sleep information referring to the siblings that was not applicable considering their ages. ACS recommended PPRS, although the parents did not meet the eligibility criteria and safety assessments did not reflect there were any safety concerns.

Throughout the investigation, the parents expressed they were not interested in services. However, ACS's responses reflected the family had to comply with grief counselling, PPRS, and parenting skills until they were "deemed stable." There was no documentation that reflected the family was unstable prior to or after the SC's death.

The mother had a 17 yo from a former relationship who resided in her native country; ACS contacted the MGM who



reported no concerns about the parents' ability to care for the children. The father had 3 other children ages 2, 14, and 16 yo from former relationships. These children resided in NYS and were assessed to be safe in the care of their respective mothers.

Neither the medical staff nor the ME found any signs of abuse or neglect of any of the children. The NYPD found no criminality involving the death of the SC and closed their investigation.

On 2/10/20, ACS unsubstantiated the allegation of DOA/FATL based on the ME's report which noted the cause and manner of death as undetermined. ACS substantiated the allegation of IG as the ME could not rule out the co-sleeping and bedding, for the cause of death.

On 2/10/20, ACS substantiated the allegation of IG and cited the mother was provided safe sleep information prior to the SC being discharged from the hospital, yet she chose to co-sleep with the SC. ACS also, cited the father did not intervene to provide a safe sleep environment. ACS cited the parents' poor judgement placed the SC at risk of serious harm.

## 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

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:

N/A

## Required Actions Related to the Fatality

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



<b>Issue:</b>	Adequacy of services following the fatality
<b>Summary:</b>	ACS referred the family for PPRS services even though the family did not meet the eligibility criteria and was not interested in services. In addition, there were no safety or risk of placement regarding the siblings.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(4);428.6
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and 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:** 09/03/2019

**Time of Death:** 03:36 AM

**County where fatality incident occurred:**

Queens

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

Yes

**Time of Call:**

02:55 AM

**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:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

**Did child have supervision at time of incident leading to death?** No - but needed

**At time of incident supervisor was:**

- |   |  |
|---|--|
| <input type="checkbox"/> Drug Impaired          | <input type="checkbox"/> Absent              |
| <input type="checkbox"/> Alcohol Impaired       | <input checked="" type="checkbox"/> Asleep   |
| <input type="checkbox"/> Distracted             | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> 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	4 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)



Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

### LDSS Response

Upon receipt of the investigation, ACS interviewed the NYPD, medical staff, and family members.

According to the NYPD detective, on 9/3/19 the mother was sleeping with the SC and woke up to nurse him around 11:00 P.M. and around 12:00 A.M., but the SC would not feed. The mother reported when she woke up at 2:30 A.M., she noticed the SC was blue and unresponsive. The mother stated that after each feed, she would burp the SC and place him back to sleep. This account was consistent with the information the mother gave to ACS and medical staff.

ACS assessed the home to be safe with provisions for the children. However, noted the 3-bedroom apartment was sparsely furnished. All family members were sharing the master bedroom. ACS observed there was a full-sized bed where the mother slept with the SC, and a bassinet for the SC that was cluttered. According to the parents, the mother and the SC slept on the full-sized bed that was placed against the wall, and the SC was lying on his back between the wall and mother. ACS observed a blue flat sheet, a fitted sheet, a fleece blanket and 3 pillows, the SC was placed to sleep on the hospital blanket. The mother's height was 61" and she weighed 187 pounds; the SC weighed 7 pounds and 12 ounces and was 18" long. The documentation did not specify the location of the items as it related to the SC.

The father slept with the siblings on two air mattresses that were placed on the floor. ACS addressed this issue as a safety concern. ACS documented that the team explained to the parents "appropriate sleeping arrangement/safe sleep-each child needs to be in their own bed." There was no documentation that specified the details provided to the parents regarding safety issues regarding the siblings as it related to these circumstances. The father followed up and obtained the beds for the siblings and eventually the family transported their furniture from their home in TX.

The father said the family went to sleep at 9:00 P.M. on 9/2/19 and at an unspecified time he heard the SC crying; the mother attended to the SC. The father said he then woke up again when he heard the mother screaming that the SC was not breathing. The father said when he turned on the light in the room, he saw the SC's face was purple, and he immediately called 911. The father said they did not perform CPR; they just prayed.

ACS interviewed the 9 yo, in the father's presence, however, the documentation of the interview was not clear and concise. The SC's responses and the line of questioning was not sequential; the father interrupted the interview and expressed ACS' line of questioning was confusing the 9 yo. ACS discontinued the interview and did not follow up with a referral to the CAC. Therefore, the 9 yo sibling's account of the events leading to the SC's death was not obtained.

ACS contacted the siblings' school and pediatrician and there were no reports of neglect or suspicion of abuse or maltreatment.

The report was indicated.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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:** There was no documentation of an MDT investigation; however, the investigation adhered to previously approved protocols for joint investigations.

**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
051284 - Deceased Child, Male, 4 Days	051285 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
051284 - Deceased Child, Male, 4 Days	051286 - Father, Male, 43 Year(s)	DOA / Fatality	Unsubstantiated
051284 - Deceased Child, Male, 4 Days	051285 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
051284 - Deceased Child, Male, 4 Days	051286 - Father, Male, 43 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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 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"/>

### 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 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other, specify: PPRS							

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? N/A

Explain:

The children had no immediate need of services in support of the fatality.

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

Explain:

The parents had no immediate needs; however, ACS insisted that they accept PPRS for 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? No

## Infants Under One Year Old

### During pregnancy, mother:

- Had medical complications / infections  Had heavy alcohol use
- Misused over-the-counter or prescription drugs  Smoked tobacco
- Experienced domestic violence  Used illicit drugs
- Was not noted in the case record to have any of the issues listed

### Infant was born:

- Drug exposed  With fetal alcohol effects or syndrome
- 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 had no CPS history.

## Known CPS History Outside of NYS

The family had no known history outside 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