

**Report Identification Number: NY-16-133**

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

**Issue Date: May 30, 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	

### 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-Cardio-pulmonary 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-Others	

### 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	

## Case Information



**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 12/19/2016  
**Initial Date OCFS Notified:** 12/19/2016

### Presenting Information

The 12/19/16 report alleged during the night of 12/18/16 the 3-month-old SC was in the care of the parents. The SF put the SC in the crib at about 11:00 PM. On 12/19/16 at 7:00 AM, the SF found the SC face down and not breathing. EMS was contacted. The SC was pronounced dead at 7:33 AM. The SC was an otherwise healthy child that passed away.

### Executive Summary

The 3-month-old female child (SC) died on 12/19/16. As of 5/15/17, NYCRO has not received a copy of the autopsy.

The allegations of the 12/19/16 report were DOA/Fatality and IG of the SC by the parents.

ACS learned the SC was born premature and had a pre-existing medical condition. According to the SF, on 12/18/16, at about 11:00 PM the SM placed the SC in her bassinet. The SC was lying on her stomach facing to the right. The 11-month-old sibling slept in her crib, but she awoke and he placed her on the bed in the room. The SF was aware of safe sleep practices and potential hazards of parents sharing their bed with young children. He said the 11-month-old fell asleep faster when she was near to him. The SF said the SC did not sleep on the bed. The SM slept in the other room with the other children as their room was cold and he also planned to watch TV. He went to sleep about 1:30 AM, and from his position on the bed he observed the SC seemed fine. On 12/19/16, he assisted the SM with preparing the older children for school. He returned to the room to check the SC. He picked her up and she did not grab him. He observed her face was black and blue and there was mucous coming from her nose and mouth. He put her down and locked the door behind him as he did not want the SM to see the SC. He told her the SC was gone, and the SM cried. He told a family friend who was a tenant in the home to call LE.

On 12/20/16, ACS staff met and the outcome was to file an Article Ten Neglect petition and request court ordered supervision (COS). The following day, ACS went to Bronx County Family Court (BCFC) to file a petition, but it was delayed as Family Court Legal Service (FCLS) asked ACS to gather additional information.

On 1/4/17, the ME said there were no injuries found on the SC that indicated the SC passed away as a result of blunt force trauma or shaking. She was born premature and was diagnosed with a medical condition that was common in premature infants. The SC was placed to sleep in a compromised position as the SC was placed in the crib face down which should not be done for a child her age.

The 12/20/16 safety assessment was inadequate as the selected safety factors and comments referred to only the SC and did not include an assessment for the surviving siblings. The 24-Hour Child Fatality Summary Report was not adequately completed as the circumstances leading up to the SC's death was not documented.

On 3/21/17, ACS Unsub the allegation of DOA/Fatality. ACS based the determination on the ME preliminary report that stated there were no injuries found on the SC's body that would indicate the SC passed away as a result of any type of blunt force trauma or shaking. The ME said the SC was born prematurely and suffered from a medical condition that was common in premature infants.



ACS Sub the allegation of IG. ACS based the determination on the ME preliminary report that stated the SC was placed to sleep in a compromised position as the SC was placed in the bassinet face down, which should not be done for a child her age. The SM placed the SC face down to sleep; she said she was aware of the safe sleep protocol. The SM said she received information at the hospital in regard to safe sleeping. The visiting nurse gave the SM information about safe sleep and also information on when to bring the SC to the ER, and the SC having a temperature of 100.5 should have been one of the reasons. The parents said the SC was ill a few days prior to her death. It was reported by the SM that on 12/15/16 the SC had a 100.5 temperature that decreased in a few hours. The parents said they did not take the SC to the hospital as they had an appointment with her Dr. and they planned to walk-in on 12/19/16. The parents did not check the SC throughout the night.

On 3/31/17, the SCR registered a subsequent report. The allegations of the report were IG of the four siblings by the parents. As of 5/30/17, the investigation has not yet been completed.

## 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:

NA

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	Although the 12/20/16 Safety Assessment was completed timely, it was inadequate as the safety assessment reflected selected safety factors and comments referred to only the SC and did not include



	and assessment of the surviving siblings.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a performance improvement plan 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.
<b>Issue:</b>	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 24-Hour Child Fatality Summary Report was not adequately completed as the circumstances leading up to the SC's death was not documented.
<b>Legal Reference:</b>	CPS Program Manual, VIII, B.1, page 2
<b>Action:</b>	ACS must submit a performance improvement plan 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.
<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The Seven Day safety assessment was not completed timely as it was not completed until 1/10/17.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	ACS must submit a performance improvement plan 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:** 12/19/2016

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

**County where fatality incident occurred:** BRONX

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

**Time of Call:** 07:26 AM

**Did EMS to 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  
**Is the caretaker listed in the Household Composition?** Yes - Caregiver

1

**At time of incident supervisor was:** Not impaired.

**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	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	52 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Month(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

### LDSS Response

On 12/19/16, LE said a call was placed to 911 at 7:26 AM. LE said the SM reported putting the SC in her "crib" on 12/18/16 at about 11:45 PM. after administering prescribed medication for her medical condition. The SC was born premature and was diagnosed with a medical condition for which she was prescribed medication. The SC was placed on her stomach with her head faced to the right in her crib to sleep. The parents said the SC had been ill with a cold and other symptoms for about two days prior to 12/19/16. LE said the parents stated medical attention was not sought for the SC. The SF woke at about 7:00 AM, he went into the room, checked the SC and found the SC was cold and stiff and there was a greenish mucous-like substance coming from her nose and mouth. The SC was reported to have black and blue discoloration to her face.

On 12/19/16, the SF told ACS the SC began coughing during the night of 12/16/16. The family had been without heat since 12/15/16 although they made complaints to the landlord. The SC had an appointment on 12/23/16 with her Dr., but the parents planned to walk-in on 12/19/16 to have the SC examined. The SF said the SC was administered the two prescribed medications for the pre-existing medical condition.

The SM said she fed and burped the SC, and then placed her to sleep face down at about 12:05 AM. The SM said the SC felt normal. After she placed the SC to sleep, the SM went to her daughter's room to sleep with the 4-year-old on the twin bed as she was overwhelmed and tired. The SM was asked the reason she did not move the bassinet with her to the other room. The SM did not respond to the query and she changed the subject. The SM said she took medication to help her sleep. She said she did not take any other medication. The SM said she did not know what occurred. She said on 12/16/16 the SC was ill but the condition had improved in about an hour or two. Later, the SM said the SC was not taken to the hospital as the SC had a scheduled follow-up appointment on 12/23/16. According to the ACS case record, the SM said



she used a thermometer to take the SC's temperature on 12/15/16. The SM said the temperature was 100.5 F.

On 12/20/16, the Visiting Nurse Service (VNS) said the SC was seen to monitor her weight. The SC did not have issues with her breathing. The VNS said the SM was provided information on safe sleep and on when to take the SC to the hospital. VNS said having a fever of 100.5 F should be a reason to take the SC to the hospital. VNS last saw the SC on 12/14/16, and the SC was discharged due to weight gain and as she was doing well, and had an appointment with her Dr. on 12/23/16.

On 12/29/16, the family friend said she met the SF during the summer. After they became acquainted, the friend rented a room from the SF. The SM was not living with the family when the friend began renting, but the SM returned around August 2016. The friend said the SF used crack and marijuana. He smoked in the living room when the children were in the back room. He was good in taking care of the children, but he hit the children and he was verbally abusive. She said the SF body slammed the SM thereby causing the SM to become ill. The SM was hospitalized but she discharged herself from the hospital. Days later the SM became ill and later gave birth to the SC. The friend denied the SM misused drugs. The friend said the SM did not clean the home or take care of the children's hygiene needs. She said that on 12/18/16, at about 9:00 PM the SF was smoking in the kitchen. The interview did not reflect what substance he smoked or the SS's location.

Regarding the 12/19/16 incident, the friend said at about 1:30 AM, she observed the SF exit the bathroom and he had a "weird face." On the morning of 12/19/16, the SF told her and the SM about what occurred with the SC, he said the SC died last night. She said she called 911. The friend said the SF asked her to leave the case address during the weekend following 12/19/16.

### 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:** 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 NYC.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
037381 - Deceased Child, Female, 3 Mons	037383 - Father, Male, 52 Year(s)	DOA / Fatality	Unsubstantiated
037381 - Deceased Child, Female, 3 Mons	037383 - Father, Male, 52 Year(s)	Inadequate Guardianship	Substantiated



037381 - Deceased Child, Female, 3 Mons	037382 - Mother, Female, 33 Year(s)	DOA / Fatality	Unsubstantiated
037381 - Deceased Child, Female, 3 Mons	037382 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated

### 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"/>
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"/>
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:**

The documentation did not reflect ER personnel were interviewed.

### 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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

#### 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"/>

#### 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Explain as necessary:

On 12/20/16, a conference occurred and the outcome was to file an Article Ten petition naming the parents as the respondents and request Court Ordered Supervision (COS). The following day, ACS went to Bronx County Family Court (BCFC) to file a petition, but the filing was delayed. ACS was due to return to the BCFC on 1/3/17 if there was additional information that could link the death of the SC to abuse/maltreatment on the part of the parents.

#### Legal Activity Related to the Fatality



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

Have any Orders of Protection been issued? No

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

Other, specify: PPRS

Additional information, if necessary:

As of 5/8/17, the case remains open for 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? Yes

Explain:

The family was referred to PPRS.

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



**fatality?** Yes

**Explain:**

The parents had negative drug test results in January 2017, and in February 2017 the SF had a negative result. The SM did not submit to a drug test as she was not feeling well. The family was referred to PPRS.

## 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?** 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

The family had no CPS history more than three years prior to the fatality.

## Known CPS History Outside of NYS

There was no 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