



**Report Identification Number: NY-21-084**

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

**Issue Date: Jan 16, 2022**

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:** 8 year(s)

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

**Date of Death:** 08/02/2021  
**Initial Date OCFS Notified:** 08/02/2021

## Presenting Information

The 8/2/21 SCR report alleged on 8/2/21, the 8-yo subject child (SC) was in the care of the SM, aunts, and grandparents. During this time, the SC was outside the home, playing with a friend near the heavy marble guardrail. The SC was ground level and was squeezing her hand through the guardrail which was unsteady. The guardrail fell and struck the SC on the head. The SC sustained a laceration to the top of the head which bled heavily. The adults were upstairs when the incident occurred and heard a scream. Someone called 911 at approximately 8:05PM and EMS responded and transported the SC to the hospital. The SC was pronounced dead on 8/2/21 due to trauma to the head. The report alleged the adults were all aware there was an issue with the guardrail and that it was dangerous. Despite this knowledge, the adults failed to address the issue and the SC died as a result.

## Executive Summary

The 8-year-old female SC died on 8/2/21. The ME's Office indicated the cause of death was blunt impacts of head and the manner of death was accident (stone railing fell and struck head).

The SM had no other children; however, there was a 1-yo cousin who resided in the home with his mother and father.

ACS learned that on 8/2/21, the SC and her friend were playing outside in the front of the SC's home within the gated area surrounding of the home. The SC attempted to reach her two dolls on the other side of the guardrail, sticking her hand through the guardrail which gave way striking the SC on the head and causing a laceration which bled profusely. The MGF, who had been watching the SC, had gone in the home to retrieve water for the children, while the other adults (SM, two MA's, father of the 1-yo, and MGM) were in the home. The family heard a scream and ran outside to the SC's friend who was screaming and pointing at the SC. EMS was contacted. They responded and transported the SC to the hospital. The SC was pronounced dead at the at 8:37PM.

On 8/3/21, LE reported the SC's death was an accident. LE interviewed the SC's friend who witnessed the incident. According to the SC's friend, they were playing with dolls when the SC put her hands through the pillars to retrieve the dolls she had left on the porch, but as the SC pulled her hands out of the pillars, the pillars along with the rails came down on top of the SC. The MGF who had been watching them had just gone inside the home to bring them water.

ACS contacted inspectors from the NYC Department of Buildings (NYCDOB) who reported the guardrails and pillars were improperly installed. According to the inspectors, the marble pillars and guard rails were glued on top of concrete, and the glue had loosened over time as it dried. The pillars then collapsed. The inspectors concluded the collapse was an unfortunate accident that could had been prevented if the rails had been installed properly.

On 9/29/21, ACS referred the SM for bereavement counseling.

On 10/1/21, ACS unsubstantiated the allegations of DOA/Fatality, IG, II, and L/B/W of the SC by the adults in the home due to a lack of credible evidence. It was disclosed the SC died as the result of an accident while playing outside near the terrace of the residence. To support the determination, ACS cited the information from the NYC Department of Buildings, LE, and the ME which indicated the adults were not culpable regarding the death of the child.

On 10/2/21, the family relocated from the case address.



## 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 a determination for all allegations on the intake report. There was evidence of supervisory involvement.

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 commensurate with the case circumstances.

## 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: 08/02/2021

Time of Death: 08:37 PM



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

08:05 PM

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

08:05 PM

**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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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
- Asleep
- Absent
- Other: **getting a glass of water.**

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Adults: 0**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	8 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	53 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	56 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Other Adult - Father of 1-yo CH	No Role	Male	27 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Male	1 Year(s)

### LDSS Response

ACS initiated the investigation and contacted the NYC Department of Buildings (NYC DOB) as collateral. ACS learned the guard rail and pillars were not installed properly.

On 8/3/21, ACS interviewed an attending Dr. who provided information from the SC's medical chart. The SC had massive injuries to the face and head, large amounts of blood in the mouth and airway, no heart rate, and her abdomen was distended.

On 8/3/21, ACS conducted a visit to the case address. ACS observed the front porch of the home. Facing the home, on the left side of the porch, were several pillars that seemed to be secured. Next to this, moving to the right was a space where



the other pillars were. The pillars were broken and on the ground level there was a pool of blood. The railing for the stairs (on the right side of the stairs) was not secured. ACS was able to shake the pillars and the slab of marble.

On 8/3/21, the MA said the family had been residing at the case address since 5/31/21. The MA said the landlord warned them on the railing when they moved in and they always reminded the SC. The MA said she was upstairs, and the SC and other neighborhood children were downstairs playing. She heard shouting, and everyone went downstairs and saw the SC lying on the ground. The MA said that before the incident occurred, the MGF was watching the children, but went in to obtain water for the SC. Regarding her 1-yo child the MA said he was not allowed outside without supervision due to his age.

ACS attempted to speak with the SM, but she was distraught and disoriented. The MGF told ACS he was watching the SC but went to get water. The MGM was sleeping at the time. The MGF said he heard a loud sound, and when the family went downstairs, they saw the SC injured and bleeding. The railing was over her. The MA called 911 and EMS arrived.

Later, ACS again interviewed the MGF said he was outside sitting on the porch watching the SC playing with a friend and another CH. They were playing with dolls. SC asked for water and he went upstairs to get water, when he heard a scream and ran downstairs to the porch. He found the SC's friend screaming and saw the pillars and rails were missing and were on top the SC on the ground. The landlord had indicated that the pillars were loose, but never made any attempts to repair it. He told the SC to stay away from them which she did and never played around it or climbed on them. The MGM said once they heard the screams, they ran outside to find the SC's friend screaming and pointing at the SC as she called out her name. The pillars on the porch fell and were on the ground and on top of the SC.

On 8/25/21, the landlord's son spoke with ACS. He said he was not aware of any default with the property since he was not involved in managing his father's property neither had his father informed him of any issues in the past. He said he heard of the accident, but neither he nor his father had any idea of what really occurred, as they were not present at the time of the accident.

On 8/27/21, ACS visited the residence and met with the SM and family. The family reported the landlord made no repairs in the building. The family moved from the case address on 10/2/21.

ACS unsubstantiated the allegations of the report.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Was the fatality referred to 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
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059241 - Deceased Child, Female, 8 Yrs	059242 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059246 - Aunt/Uncle, Female, 20 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059243 - Grandparent, Female, 53 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059242 - Mother, Female, 32 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059248 - Grandparent, Male, 56 Year(s)	Internal Injuries	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059246 - Aunt/Uncle, Female, 20 Year(s)	Internal Injuries	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059245 - Aunt/Uncle, Female, 25 Year(s)	Internal Injuries	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059243 - Grandparent, Female, 53 Year(s)	Internal Injuries	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059242 - Mother, Female, 32 Year(s)	Internal Injuries	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059248 - Grandparent, Male, 56 Year(s)	Inadequate Guardianship	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059248 - Grandparent, Male, 56 Year(s)	DOA / Fatality	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059245 - Aunt/Uncle, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059245 - Aunt/Uncle, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059246 - Aunt/Uncle, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059246 - Aunt/Uncle, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059243 - Grandparent, Female, 53 Year(s)	Inadequate Guardianship	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059243 - Grandparent, Female, 53 Year(s)	DOA / Fatality	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059242 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059245 - Aunt/Uncle, Female, 25 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
059241 - Deceased Child, Female, 8 Yrs	059248 - Grandparent, Male, 56 Year(s)	Lacerations / Bruises / Welts	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>
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:**

The BF was not interviewed; he was incarcerated.

### 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 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 family was provided with a bereavement counseling referral.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
Although the SM had no other CHN, there was a 1-yo cousin that resided in the home.

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



<b>Family planning</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Homemaking Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 The family was provided with a bereavement counseling referral.

**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 SM had no other children. The family was provided with a bereavement counseling referral.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes**  
**Explain:**  
 The family was provided with a bereavement counseling referral.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** Yes  
**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?** N/A  
**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 listed as having no role in a report dated 7/29/14. The allegations of the 7/29/14 report was IG of the SC by the BF. On 9/30/14, ACS indicated the case and closed it with no services required.

## Known CPS History Outside of NYS



There was no known CPS History outside NYS.

### Preventive Services History

On 12/5/14, a Family Service Stage (FSS) was opened regarding a court ordered investigation (COI). A petition of custody was filed by the MGP's. The respondents were the SM and the BF. The FSS was closed on 3/25/15.

### 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