



Report Identification Number: NY-18-005

Prepared by: New York City Regional Office

Issue Date: Jul 10, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 01/14/2018
Initial Date OCFS Notified: 01/14/2018

Presenting Information

On 1/14/18, two reports were registered regarding the death of the SC.

The first report alleged the one-month-female child (SC) died while in the care of her parents. The report alleged SC had no diagnosed medical condition(s) that would cause her death; therefore, the parents were listed as alleged subjects relative to the SC's death until the investigation could ascertain otherwise. The roles of the five-year-old male child and seven-year-old female child were unknown.

The second report alleged on 1/14/18 the one-month-old SC died while in the care of her parents. The parents fed the SC, placed the SC on her back to sleep, then checked the SC around 2:00 PM, and found her unresponsive. The SC went into cardiac arrest. The report alleged the SC was otherwise healthy with no known medical issues or visible injuries. The parents were listed as the alleged subjects of the report.

Executive Summary

This one-month-old female child (SC) died on 1/14/18. The ME did not conduct an autopsy due to parents' religious objections. The ME completed an external examination of the body and concluded the cause and manner of death were undetermined; there were no signs of trauma or neglect noted.

The 1/14/18 reports alleged the SC died while in the care of her parents. The SC had no diagnosed medical condition(s) that would cause her death; therefore, the parents were listed as alleged subjects. The allegations of the reports were DOA/Fatality and Inadequate Guardianship of the SC by the parents. No allegations were registered for the seven-year-old and five-year-old surviving siblings.

Upon receipt of the fatality report, ACS made face-to-face contact with the family and assessed the safety of the surviving siblings. ACS documented the children were well cared for in the home and there were adequate provisions for them. ACS spoke with law enforcement, medical providers, EMS technicians, and other family members. No one had any concerns regarding what they observed in the home, or with the information the parents provided about the period before the death of the child. The home was described as being clean and clutter free. The sleeping arrangements were appropriate. The parents denied alcohol use and the Specialist did not observe any paraphernalia to indicate the possibility of drug or alcohol misuse.

ACS utilized language interpretation services in all their contacts with the family. ACS learned on 1/13/18 extended family had gathered at the home to celebrate the SC's birth. The parents denied alcohol use at the family event. On 1/14/18, the parents woke up at 6:00 AM, and the mother breastfed the SC. The parents said the father then performed a hair shaving ceremony for the SC as per their custom, and after the ceremony, the SC was placed in bassinet on her back to sleep. The family also went back to sleep. The parents added at 10:30 AM the SC began crying and the mother breastfed the SC again. The SC was again placed in a supine position in the bassinet; there were no pillows or blankets in the bassinet. The parents went back to sleep.

Between 2:00 PM and 2:15 PM, the father got up to check the children as usual. When he went to the bassinet he observed the SC was not moving. The father said he tapped the SC and did not observe any movement. The father said he noticed blood on the SC's sheet and on the SC's nose and mouth. The father said he called 911 for assistance and began CPR



based on the instructions provided by the 911 operator. ACS confirmed with EMS the call was received at 2:26 PM. The ambulance arrived at 2:34 PM and the technicians began resuscitative efforts. The parents and SC were transported to the Coney Island Hospital while the surviving siblings remained with an aunt. As per the parents, the doctors allowed them to remain in the room while medical staff continued efforts to revive the child. Shortly thereafter, the doctor told them the SC had died. The time of death was listed as 2:54 PM on 1/14/18.

ACS noted there was a crib in the home; however, it was cluttered. The parents said the SC had never used the crib as there was no mattress in the frame; the SC was always placed in the bassinet in a supine position; family members confirmed the information.

During the course of the investigation, ACS maintained contact with LE and the ME. LE said no arrests would be made as there was no evidence of criminality. The ME indicated due to the parents' objections, a full autopsy was not completed; however, based on the external examination of the SC's body and the absence of trauma and neglect, the cause and manner of death would be listed as Undetermined.

On 3/13/18, after reassessing the safety of the surviving siblings, ACS unsubstantiated the allegations of the report due to lack of credible evidence.

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?** No

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:

Although there were no safety factors documented throughout the progress notes that presented an immediate or impending danger to the surviving siblings, the caseworker selected safety factor #16 and recorded safety decision #3; this was not appropriate.

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 decision to close the case was appropriate as 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. The case record has details of supervisory consultation during the investigation.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 24-hour safety assessment while timely, was not completed appropriately. The safety decision was incorrect and the comments associated with the selected safety factors were related to the deceased child and not the surviving siblings.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/14/2018

Time of Death: 02:54 PM

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

02:20 PM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

02:20 PM

Did EMS respond to the scene?

Yes

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

How long before incident was the child last seen by caretaker? 001 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:



Children ages 0-18: 001

Adults: 000

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	029 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	028 Year(s)
Deceased Child's Household	Sibling	No Role	Male	005 Year(s)
Deceased Child's Household	Sibling	No Role	Female	007 Year(s)

LDSS Response

On 1/14/18, following the receipt of the fatality report, ACS applied their heightened oversight process (HOP) to the report since the SC was under 3 years old. ACS also made contact with LE including detectives and the ADA on 1/14/18 and 1/17/18. The detectives indicated there was no evidence or suspicion of foul play in connection with the death of the SC. The ADA indicated no charges would be filed against the adults pending the autopsy report. On 1/17/18 LE closed their case.

On 1/14/18, ACS interviewed members of the family, including the parents, and paternal aunts. The parents reported on 1/13/18 extended family had gathered at the home to celebrate the SC's birth. The parents denied alcohol use at the family event. On 1/14/18, the parents woke up at 6:00 AM, and the mother breastfed the SC. The parents said the father then performed a hair shaving ceremony for the SC as per their custom, and after the ceremony, the SC was placed in the bassinet on her back, and family went back to sleep. The parents added at 10:30 AM the SC began crying and the mother breastfed the SC again. The SC was again placed in a supine position in the bassinet; there were no pillows or blankets in the bassinet. The parents went back to sleep.

Between 2:00 PM and 2:15 PM, the father got up to check the children as usual and when he went to the bassinet he noticed the SC was not moving. The father said he tapped the SC with his hand and did not observe any movement. The father said he noticed blood on the SC's blanket and on the SC's nose and mouth. The father said he called 911 for assistance and began CPR based on the instructions provided by the 911 operator. ACS confirmed with EMS the call was received at 2:26 PM. The ambulance arrived at 2:34 PM and the technicians began resuscitative efforts. The parents and SC were transported to the Coney Island Hospital while the surviving siblings remained with an aunt. As per the parents, the doctors allowed them to remain in the room while medical staff continued efforts to revive the child. Shortly thereafter, the doctor told them the SC had died; the time of death was 2:54 PM on 1/14/18.

ACS noted there was a crib in the home; however, it was cluttered. The parents said the SC had never used the crib as there was no mattress in the frame; the SC was always placed in the bassinet in a supine position; family members confirmed the information.

Contact with the medical provider for the family reflected the surviving siblings were up-to-date with immunizations and there were no concerns for their care.

On 1/14/18, ACS's Investigative Consultants indicated there was no history of any criminal activity or domestic violence involving the family.



On 1/15/18, 1/19/18, 2/16/18, and 3/12/18, ACS completed Safety Assessments for the surviving siblings. While the Safety Assessment completed at the 24-hour juncture was incorrectly documented, the subsequent assessments accurately reflected the case circumstances. The Risk Assessment was appropriate.

On 1/18/18, ACS determined the family could benefit from grief counseling services and referred the family for PPRS. The family was engaged in services until 3/12/18.

On 3/13/18, following the completion of services and a re-assessment of the surviving siblings, ACS unsubstantiated the allegations of the report on the basis of lack of credible evidence. ACS documented there were no marks or bruises on the SC, and no evidence of negligence by the parents.

Official Manner and Cause of Death

Official Manner: Undetermined

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 previously approved protocols for joint investigation.

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
045442 - Deceased Child, Female, 1 Mons	045443 - Mother, Female, 028 Year(s)	DOA / Fatality	Unsubstantiated
045442 - Deceased Child, Female, 1 Mons	045443 - Mother, Female, 028 Year(s)	Inadequate Guardianship	Unsubstantiated
045442 - Deceased Child, Female, 1 Mons	045444 - Father, Male, 029 Year(s)	DOA / Fatality	Unsubstantiated
045442 - Deceased Child, Female, 1 Mons	045444 - Father, Male, 029 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 checked="" type="checkbox"/>	<input 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:

N/A

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

Explain:
 Although there were no safety factors documented throughout the progress notes that presented an immediate or impending danger to the surviving siblings, the caseworker selected safety factor #16, recorded safety decision #3, but did not complete a safety plan. The comments entered were about the SC and not the surviving siblings. The interventions (law enforcement and emergency medical services) did not have any comments to describe how the controlling interventions will protect the children.

Fatality Risk Assessment / Risk Assessment Profile



Child Fatality Report

	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: ...				

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: N/A				

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"/>	<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 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 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 - grief counseling.

Additional information, if necessary:

The family was referred for PPRS, specifically, grief counseling. At the completion of the services the case was closed.

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 surviving siblings were referred for counseling.

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

Explain:

The parents were referred to grief counseling services.

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:

Had medical complications / infections

Misused over-the-counter or prescription drugs

Experienced domestic violence

Had heavy alcohol use

Smoked tobacco

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

There is no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS History outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

N/A

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