



Report Identification Number: NY-18-033

Prepared by: New York City Regional Office

Issue Date: Oct 02, 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: 3 year(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 04/02/2018
Initial Date OCFS Notified: 04/02/2018

Presenting Information

On 4/2/18, the SCR registered initial and subsequent intake reports regarding this fatality. The initial report alleged the stepfather (SF) had been sexually abusing the 3-year-old SC for an unknown amount of time. As a result, the SC had a tear to her anus, bite marks on the inside of her legs and ligature marks on her legs from being tied up. The SC also sustained bruises all over her body. As a result of the injuries, at about 6:00 PM on 4/2/18, the SC stopped breathing and subsequently died.

The subsequent report alleged on 4/2/18, the SC died for unknown reasons while in the care of the SF and the subject mother (SM). At the time of her death, the SC had bruising to the left side of her abdomen and showed signs of sexual abuse. She had tearing and trauma to her vagina, anus, and mouth. It was unknown when these injuries occurred. The SM and SF were the subjects of the reports.

Executive Summary

The SC passed away in the home while in the care of the stepfather (SF). ACS' investigation revealed the SM left the SC and the 2-month-old SS with the SF while she and the MGM were out. When they returned home several hours later and attempted to wake the SC up, she would not wake up and was unresponsive. The parents called 911. LE and EMS responded to the home and upon arriving, the SF was performing CPR on the SC in the living room of the home. All attempts to medically revive the child were unsuccessful. EMS then transported the SC to the hospital where medical staff pronounced her deceased at 7:05 PM. The ME ruled that the SC's cause of death was blunt force trauma to the abdomen. The manner of death was homicide. According to the ME, a long section of the SC's intestine was ripped away from the bowel area. There was no obvious sign of sexual abuse to the SC. The bruising around the anus area was more than likely caused by the bleed in her bowels due to the intestines being severely severed and damaged within the small body cavity.

The SC's BF did not reside with the family and was not involved with the SC. The SF and the SM were the biological parents of the 3-month-old surviving sibling (SS). The SF had a 4-year-old female child who resided with her bio mother at a different address.

On 4/2/18, ACS contacted the LE, hospital staff and the family. The hospital staff confirmed the SC's injuries. The LE barred ACS from interviewing the SF and the SM as they were persons of interest. The MGM denied knowledge of any injuries to the SC. The LE reported there was videotape of the SF being physically abusive towards the SC on the day of her death. Based on the circumstances that led to the SC's death, the SF was arrested and charged with the death of the SC and endangerment of the SS.

Following the incident, ACS removed the SS from the SF and the SM's care. She was medically cleared and placed with the maternal great aunt (MGA). Additionally, ACS assessed the 4-year-old half sibling and deemed her safe in the care of her BM.

Consequently, ACS filed an Article 10 Abuse Petition in Queens Family Court (QFC). The SF, the SM and the MGM were named as respondents in the petition. QFC granted a remand for the SS with kinship placement with the MGA under the auspices of New York Foundling. The SM and the MGM were granted supervised visits with the SS. The half sibling was released to her BM with ACS' supervision. Also, QFC issued an order of protection on behalf of both children against the SF that prohibited any contact with either child.



On 6/21/18, ACS substantiated the allegations DOA/FATL, IG, and L/B/W of the SC and IG of the SS by the SF. The SF inflicted several severe blows to the SC's abdomen which led to her demise. The ME ruled the cause of death was Blunt force Trauma to the abdomen and the manner of death was homicide. The SF physically assaulted the SC while both children were in his care. The SF's action caused the SC's death and placed the SS at serious risk of harm.

ACS also substantiated the allegations IG, L/B/W of the SC by the SM and IG of the SS by the SM and the MGM. The SM failed to secure an appropriate adult to supervise the child. She left her children in the care of the SF who had prior criminal charge of attempted murder. The SF severely physically abused the SC which led to her death. The ME observed old and fresh injuries on the SC which demonstrated the SM's failure to provide adequate guardianship to the SC. Additionally, the MGM failed to ensure that her grandchildren had proper supervision/guardianship while in her home.

The allegation of SxAB was unfounded against the SF. The ME did not find any evidence of sexual abuse to the SC.

PIP Requirement

A PIP is required for this investigation. ACS failed to complete the 24 hour Assessment in a timely manner.

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:

The case remained open in the FSS stage.

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:	ACS failed to complete the 24 Hour Assessment form.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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 will attend and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/02/2018

Time of Death: 07:05 PM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

06:01 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes

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: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	50 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	32 Year(s)



Other Household 1	Other - Half Sibling's Mother	No Role	Female	27 Year(s)
Other Household 1	Other - Half Sibling	No Role	Female	4 Year(s)

LDSS Response

On 4/2/18, ACS contacted the LE, hospital staff and the family. The hospital staff confirmed the SC's injuries. The SM and MGM denied knowledge of any prior injuries to the SC.

On 4/3/18, the LE barred ACS from interviewing the SF and the SM. The LE allowed ACS to interview the MGM who disclosed that on 4/2/18, she and the SM left the home at 8:00 AM and left the SC and the SS in the SF's care. They both returned home at about 4:55 PM. The SC was in the bed sleeping at the time. The SM attempted to wake up the SC and the SC was unresponsive. The SF called 911. The family's neighbors did not report any concerns for the family.

Also on 4/3/18, the ER Dr. stated a sexual assault kit was not conducted as the SC was deceased. The Dr. stated the SC was brought into the ER on 2/23/18 for an injury to her left knee. The SC's caretaker had reported the SC ran into something. The family left the ER against medical advice. An x-ray was completed and the results were negative. There was no SCR report for this date. The Dr. stated the SS was examined and cleared for discharge.

Following her discharge from the hospital, ACS transported the SS to the MGA's home. ACS completed an expedited home study and the MGA's home was approved. ACS set up the pack and play and discussed safe sleep with the MGA.

Later that same day, ACS assessed the half sibling in her BM's home and deemed her safe. The child did not report any concerns about her relationship with the SF. The BM reported a great relationship with the SF. She denied any custody arrangement between her and the SF and that the SF saw his child often. The Child Advocacy Center (CAC) Dr. had examined the child and cleared her of any abuse or neglect.

On 4/3/18, the SC's BF denied having a relationship with the SM. He stated he last saw the SC about a year prior.

On 4/4/18, the ME ruled the SC's final cause of death as blunt force trauma to the abdomen. The manner of death: homicide. According to the ME, a long section of the SC's small intestine was ripped away from the bowel area. There was no obvious sign of sexual abuse to the SC. The bruising around the anus area was more than likely caused by the bleed in her bowels due to the intestines being severely severed and damaged within the small body cavity.

On 4/6/18, ACS filed an abuse petition in Queens Family Court (QFC). The respondents were the SM, the SF and the MGM. QFC granted a remand for the SS. He was placed in kinship care with his MGA. Also, QFC issued an OOP against the SF for the SS and the half sibling.

On 4/16/18, the LE staff stated the MU who visited the home was interviewed and cleared of any involvement in the SC's death.

Between 4/13/18 and 6/8/18, ACS made multiple casework contacts with the family and other collaterals. There was no new information regarding the fatality.

On 5/3/18, the LE staff stated the SF had not made any admissions; however, there was a video of the SP entering the building with the children and that the SC fell on the floor in lobby. The SF was seen dragging the SC by her waistband to the elevator and while in the elevator he slammed the SC against the elevator door.

On 5/8/18, the half sibling was interviewed at the CAC. She disclosed being hit with a belt by the SF as a form of



punishment.

On 5/9/18, the children’s Dr. and the SC’s DC provider did not report any concerns for the family.

On 6/14/18, ACS documented an unsuccessful attempt to speak with the SF through his attorney.

On 6/21/18, ACS substantiated the allegations DOA/FATL, IG, and L/B/W of the SC and IG of the SS by the SF. ACS also substantiated the allegations IG, L/B/W of the SC by the SM and IG of the SS by the SM and the MGM. ACS unsubstantiated the allegation SxAB against the SF. The SS remained in kinship foster care. The SM and other family members had supervised visitation with the SS. The half sibling remained in her BM’s care. The BM was meeting her needs. The SF remained incarcerated.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

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 reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047782 - Deceased Child, Female, 3 Yrs	047786 - Mother, Female, 25 Year(s)	Sexual Abuse	Unsubstantiated
047782 - Deceased Child, Female, 3 Yrs	047786 - Mother, Female, 25 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
047782 - Deceased Child, Female, 3 Yrs	047787 - Stepfather, Male, 32 Year(s)	Lacerations / Bruises / Welts	Substantiated
047782 - Deceased Child, Female, 3 Yrs	047787 - Stepfather, Male, 32 Year(s)	Inadequate Guardianship	Substantiated
047782 - Deceased Child, Female, 3 Yrs	047787 - Stepfather, Male, 32 Year(s)	Sexual Abuse	Unsubstantiated
047782 - Deceased Child, Female, 3 Yrs	047787 - Stepfather, Male, 32 Year(s)	DOA / Fatality	Substantiated
047782 - Deceased Child, Female, 3 Yrs	047788 - Grandparent, Female, 50 Year(s)	Inadequate Guardianship	Substantiated
047782 - Deceased Child, Female, 3 Yrs	047786 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
047789 - Sibling, Male, 2 Month(s)	047786 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
047789 - Sibling, Male, 2 Month(s)	047787 - Stepfather, Male, 32 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input 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"/>
School	<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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:

On 4/6/18, ACS filed an abuse petition in Queens Family Court (QFC). The respondents were the SM, the SF and the MGM. Queens Family Court (QFC) granted a remand for the SS. He was placed in kinship care with his MGA. Also, QFC issued an OOP against the SF for the SS and the half sibling.

Legal Activity Related to the Fatality

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

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
04/06/2018	Adjudicated Abused	Foster Care Placement to Continue
Respondent:	047787 Stepfather Male 32 Year(s)	
Comments:	Queens Family Court (QFC) granted a remand for the SS. He was placed in kinship care with his MGA. Also, QFC issued an OOP against the SF for the SS and the half sibling.	

Criminal Charge: Criminally negligent homicide **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:



04/03/2018	SF	Unknown	Criminally Negligent
Comments:	The SF was arrested and charged with the death of the SC and endangerment of the SS.		

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	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:
Daycare service and early intervention for the SS and play therapy and bereavement counseling for the half sibling.

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

Explain:
DV assessment, family therapy, and bereavement counseling services for the SM, a daycare voucher for the MGA.



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

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 was no prior history.

Known CPS History Outside of NYS

There is no 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

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