



## Report Identification Number: NY-17-017

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

**Issue Date: Aug 14, 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                        | PS-Parent Sub                         |
| CH/CHN-Child/Children                             |   |                                       |
| 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-Cardiopulmonary 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-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                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 6 month(s)

**Jurisdiction:** Richmond  
**Gender:** Female

**Date of Death:** 02/17/2017  
**Initial Date OCFS Notified:** 02/17/2017

## Presenting Information

The 2/17/17 report alleged that on 2/17/17, the SC was discovered on the bedroom floor at approximately 6:50 AM. The last time the SC was seen alive was 12:00 AM on 2/17/17. The SC had a pre-existing medical condition. The SC had numerous bruises on her face and forehead, and her head was significantly swollen. The SC also seemed to weigh 13-15 pounds. It was alleged the SC fell out the crib; however, no one heard the SC fall or cry. The explanation did not appear to be consistent with the SC's injuries.

## Executive Summary

The 6-month-old female child (SC) died on 2/17/17. As of 7/31/17, NYCRO had not yet received a copy of the autopsy report.

The allegations of the 2/17/17 report were DOA/Fatality, L/B/W and IG of the SC by the parents.

ACS learned that on 2/17/17, the SM put the SC to bed on her back in the crib at 12:00 AM. The SF was not in the home at the time the SC went to sleep. The SM demonstrated how the crib was positioned next to the parents' bed. The front of the crib railing was lowered so the crib mattress and the mattress on the parents' bed were leveled. There was a small gap which the SM stuffed side-ways with pillows to prevent the SC from rolling over into the gap. The SM said she placed the crib next to the bed with one side of the railing down to breast feed the SC as it was easier to access the SC when it was time to feed. She said she woke at 6:45 AM; her usual time. She observed the SC lying face down on top of the pillows she had placed in the gap between the mattress and crib mattress. She picked up the SC and saw that her face was blue and she was not breathing. She called the SC's name and tried to wake her. The SF came out of the bathroom, asked what happened, and he held the SC. The MGM arrived from the basement and told the SM to call 911. The ambulance arrived and transported the SC to the hospital. The SM denied that she abused any substances or misused alcohol.

On 2/23/17, the ME said the SC was found face down between the crib and bed. Asphyxiation was a possibility, but there was no final determination until all testing results were obtained. The SC was not observed with marks or bruises.

On 3/6/17, a Child Safety Conference occurred. There was no Family Court intervention; however, it was recommended that the SF meet with the Certified Alcohol and Substance Abuse Counselor (CASAC) and the family be provided with information for bereavement/trauma counseling.

On 4/20/17, LE informed ACS that the police investigation was closed. LE said there was no criminality and they were waiting for the final death certificate. Subsequently, ACS held a legal consultation on 7/20/17. ACS noted there was no cause of action.

The 24-Hour safety assessment was not completed in a timely manner as it was not completed until 2/20/17. The documentation was not adequate as the safety assessment pertained to the SC and not the surviving siblings. The siblings were assessed as safe in the home. The Seven-Day safety assessments dated 2/24/17 and 3/17/17 were not adequate as the selected safety factor and associated comment pertained to the SC not the siblings.

On 7/27/17, ACS Sub the allegations of DOA/Fatality, IG, and L/B/W by the parents on the basis that the parents did not



utilize safe sleep practices. The SC was found wedged between the crib, pillows, and SM's bed. The crib was modified and not used as directed. ACS added that the ME listed the immediate cause of death as positional asphyxiation and the manner as accidental. However, the unsafe sleep conditions likely contributed to the SC's death. The parents said the SC's crib was altered; one side of the railing was lowered which created an open space for the crib mattress to be positioned next to the parents' mattress. There was a small gap which the SM filled with a pillow from her bed. As a result of the changes made to the crib, the parents said the SC was found face down on the pillow that was wedged between the crib and the bed. The SM was aware of safe sleep practices. She did not feel that lowering the railing on the one side of the crib created an unsafe sleeping space for the SC.

ACS did not address the allegation of L/B/W in the Investigation Conclusion Narrative. ACS Sub the allegation of L/B/W despite that the ME had informed ACS on 2/23/17 that there were no marks or bruises observed on the SC.

## 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:

NA

**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>         | The 24-Hour safety assessment was not completed timely as it was not completed until 2/20/17. The safety assessment was not adequate as the document did not state whether there were safety factors pertaining to the SS.   |
| <b>Legal Reference:</b> | SSL 424(6);18 NYCRR 432.2(b)(3)(i)   |
| <b>Action:</b>          | 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. |
| <b>Issue:</b>           | Timely/Adequate Seven Day Assessment   |
| <b>Summary:</b>         | The Seven-Day safety assessment dated 2/24/17 was not adequate as the selected safety factor and associated comment pertained to the SC not the SS.  |
| <b>Legal Reference:</b> | SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)  |
| <b>Action:</b>          | 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. |
| <b>Issue:</b>           | Pre-Determination/Assessment of Current Safety/Risk  |
| <b>Summary:</b>         | The safety assessment dated 3/17/17 was not adequate as the selected safety factor and associated comment pertained to the SC not the SS.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2 (b)(3)(iii)(b)  |
| <b>Action:</b>          | 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. |
| <b>Issue:</b>           | Pre-Determination/Supervisor Review  |
| <b>Summary:</b>         | ACS did not address the allegation of L/B/W in the Investigation Conclusion Narrative. In addition, there were two Investigation Determination safety assessments on 7/20/17 and 7/27/17.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(v)  |
| <b>Action:</b>          | 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. |
| <b>Issue:</b>           | Appropriateness of allegation determination  |
| <b>Summary:</b>         | ACS Sub the allegation of L/B/W despite the fact that the ME informed ACS on 2/23/17 that there were no marks or bruises observed on the SC.   |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(iii)(c)   |
| <b>Action:</b>          | 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:** 02/17/2017

**Time of Death:** 08:26 AM

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

Unknown

**County where fatality incident occurred:**

Richmond

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

Yes

**Time of Call:**

Unknown

**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 | 6 Month(s) |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 35 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 32 Year(s) |
| Deceased Child's Household | Sibling        | No Role             | Male   | 13 Year(s) |
| Deceased Child's Household | Sibling        | No Role             | Male   | 3 Year(s)  |
| Deceased Child's Household | Sibling        | No Role             | Male   | 8 Year(s)  |

### LDSS Response

On 2/18/17, ACS interviewed LE who said the SC was found face down in a crevice between the crib and the bed. There was no evidence of criminality and the incident seemed to be an accident.

On 2/18/17, ACS visited the home and interviewed the parents. The SM said she put the SC to sleep on her back in the crib



that was positioned next to the parent's bed; they all subsequently went to bed. The SM said the SC sometimes woke in the middle of the night to feed, but on that night, she did not cry or make a sound so the parents continued to sleep. SM said she woke between 6:00 AM and 6:30 AM. SM explained that the crib was pushed close to the parents' bed and on one side the crib bar was down. The SM said the parents had stuffed pillows and cushions between the gap. The SM found the SC between the wedge of the bed. The SF said he called 911 and he was instructed on what to do until the FD arrived. The SS were in their beds during the night. ACS observed the crib which was close to the bed with a gap about 6-8 inches in space. ACS interviewed the 13-year-old and 8-year-old SS, but no information regarding the SC's death was obtained.

Later, ACS again interviewed the parents who provided additional information. ACS learned that the SM put the SC to bed on her back in the crib at 12:00 AM. The SF was not in the home at the time the SM placed the SC to sleep. The SM demonstrated how the crib was positioned next to the parents' bed. The front of the crib railing was lowered so the crib mattress and the mattress on the SM's bed were leveled. There was a small gap which the SM stuffed side-ways with pillows to prevent the SC from rolling over into the gap. The SM said the reason the crib was positioned next to the bed with one side of the railing down was to allow the SM easy access for breast feeding the SC. She said she awoke at 6:45 AM her usual time, and observed the SC lying face down on top of the pillows she had placed in the gap between the mattress and crib mattress. She picked up the SC and saw that her face was blue, and the SC was not breathing. When she called the SC's name and attempted to wake her, the SF came out of the bathroom and held the SC.

On 2/22/17, the SF said he was out of the home with the paternal great uncle at the time the SC was placed to sleep. He said he drank four or five beers during the time he was out of the home. He returned home between 1:30 AM and 2:00 AM; he could not recall the exact time. At the time he went to sleep, the SC was asleep in her crib. He denied that he was intoxicated when he returned home. He woke around 6:45 AM and went to the bathroom. When he heard the SM call the SC's name, he exited the bathroom, took the SC from the SM and observed the SC's face was blue and cold. He attempted to wake the SC but the SC remained unresponsive. The SF went out of the home to seek help. He returned and the SM called 911. This information obtained was different from the interview conducted on 2/18/17. The SF denied that he abused any substances, but admitted he used alcohol (2-3 cans of beer) every night after work. ACS asked if he was willing to speak with a CASAC, but he declined.

The 13-year-old child said he awoke to the SM calling SC's name. The SF took the SC from the SM, and tried to wake the SC. He observed the SM call 911. The SF attempted CPR. The 13-year-old denied that anyone in the home abused substances. He said the SF drank beer sometimes.

On 3/2/17, ACS opened a Family Service Stage (FSS). ACS identified the service needs as CASAC assessment for the BF and bereavement counseling and resources for the family.

On 3/30/17, the SF agreed to have a phone conference with the CASAC. The documentation reflected the CPS contacted the CASAC about the telephone consultation. However, the documentation did not reflect there was follow-up with the CASAC. On 4/20/17, during a home visit, the parents declined bereavement counseling.

### Official Manner and Cause of Death

**Official Manner:** Pending

**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 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 |
|---|-------------------------------------|-------------------------------|--------------------|
| 039181 - Deceased Child, Female, 6 Mons | 039183 - Father, Male, 35 Year(s)   | DOA / Fatality                | Substantiated      |
| 039181 - Deceased Child, Female, 6 Mons | 039183 - Father, Male, 35 Year(s)   | Inadequate Guardianship       | Substantiated      |
| 039181 - Deceased Child, Female, 6 Mons | 039183 - Father, Male, 35 Year(s)   | Lacerations / Bruises / Welts | Substantiated      |
| 039181 - Deceased Child, Female, 6 Mons | 039182 - Mother, Female, 32 Year(s) | DOA / Fatality                | Substantiated      |
| 039181 - Deceased Child, Female, 6 Mons | 039182 - Mother, Female, 32 Year(s) | Inadequate Guardianship       | Substantiated      |
| 039181 - Deceased Child, Female, 6 Mons | 039182 - Mother, Female, 32 Year(s) | Lacerations / Bruises / Welts | 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 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"/> |

### Fatality Safety Assessment Activities

|  | Yes | No | N/A | Unable to |
|--|-----|----|-----|-----------|
|--|-----|----|-----|-----------|



# Child Fatality Report

|   |                                     |                                     |                          | 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 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Legal Activity Related to the Fatality



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

### Services Provided to the Family in Response to the Fatality

| Services                             | Provided After Death     | Offered, but Refused                | Offered, Unknown if Used | 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 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 checked="" 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**

The SF was offered by ACS to speak with a Certified Alcohol and Substance Abuse Counselor (CASAC); he declined.

**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? No**

**Explain:**

The parents declined bereavement counseling for the family.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

The parents declined bereavement counseling for the family. The SF declined to meet with the CASAC.

### 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? N/A
- 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
- 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

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

### Known CPS History Outside of NYS

There was no known 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