



**Report Identification Number: NY-19-131**

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

**Issue Date: Jun 21, 2020**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 12/21/2019  
**Initial Date OCFS Notified:** 12/21/2019

## Presenting Information

On 12/21/19, the SCR registered two reports alleging the mother was co-sleeping with the 2-month-old SC. The initial report stated that at 2:30 A.M., the mother fed the SC, burped him, and placed him to sleep with her on the bed. The report further stated that at 7:20 A.M., the mother awoke and found the SC not breathing. EMS was called and the SC was pronounced dead at 8:28 A.M.

The subsequent report stated the mother fed the SC, burped him, and then placed him to sleep on the bed with her and the father. The report also stated that sometime before 7:00 A.M., the mother got up from bed and left the SC on the bed with the father. The MGM entered the room at 7:00 A.M. to check the SC and found him unresponsive on the parents' bed. The report alleged the MGM delayed calling 911 until 7:28 A.M. EMS and NYPD responded to the home and transported the SC to a hospital at 7:42 A.M. where he was pronounced dead.

## Executive Summary

The subject child was 1-month-old when he died on 12/21/19. The ME provided a verbal report listing the cause and manner of death as undetermined.

The SC resided with his parents, an adult sibling, 2 minor siblings ages: 9 and 11 years old, the MGM, a MA, and an 11-year-old MU. They shared a 3-bedroom apartment located in a New York City Housing Authority (NYCHA) complex. The apartment is leased to the MGM.

On 12/21/19, the SCR registered 2 reports with the allegations of DOA/FATL and IG of the SC by the parents and the MGM.

ACS initiated the investigation timely and deemed the children to be safe in the care of their respective parents. The condition of the home was unkempt, with a foul odor and in need for a deep cleaning. ACS determined this was a safety factor, but the condition did not present an immediate and impending danger of serious harm. ACS found there were adequate provisions in the home for the children. The family accepted a referral for ACS' Family Preservation program to address the conditions of the home and have shown improvements.

Throughout the investigation, ACS made visits to the home and found the surviving children were without marks or bruises; they were properly groomed, and were engaged with their education from home.

According to the mother, the adult sibling fed the SC at 2:00 A.M., and then she burped him, and placed him on his back on top of a pillow. The mother said the adult sibling was in the room until the father arrived at 4:00 A.M. and sent her to her room.

The mother said the SC was in between herself and the father. The mother reported that at the time of the SC's death, he weighed approximately 7.5 pounds and was 20 inches long. The SC had no medical issues. It was estimated the mother weighed 140 pounds and was 5 feet and 2 inches tall. The father weighed about 180 pounds and was 5 feet and 10 inches tall.

The mother said she and the father were awakened at around 7:00 A.M. by the MA and a family friend, who saw that the



child was not breathing when she entered the parents' bedroom. According to the family and the friend, the mother began to administer CPR once she realized the SC was not breathing.

ACS interviewed the NYPD, medical staff, and the ME who all stated there were no signs of trauma, abuse or maltreatment concerning the subject child. The NYPD found no criminality surrounding the child's death. A review of school records did not disclose any concerns about the performance or attendance of the siblings. The MU had special educational/developmental needs that were being addressed by the MGM and continued to be addressed with ACS' assistance.

ACS completed safety assessments as required; however, the documentation in the template for the assessments were not completed properly.

ACS referred the family to a Family Preservation Program (FPP) for assistance and they have engaged in services.

As of the writing of this report, ACS had not made a determination for this report.

## 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?** Unable to Determine
- **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?** Unable to Determine

**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:

A determination is pending.

## Required Actions Related to the Fatality



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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	ACS did not complete a timely assessment. The comments documented to support the selected safety factors were not clear and concise.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	ACS did not complete the required 30 day Safety assessment.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.,,

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The comments documented to support the selected safety factors were not clear and concise.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 12/21/2019

**Time of Death:** 08:28 AM

**County where fatality incident occurred:**

Queens

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

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

N/A

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death?** No - but needed

**At time of incident supervisor was:**

Drug Impaired

Absent



- Alcohol Impaired
- Distracted
- Impaired by disability

- Asleep
- Impaired by illness
- Other:

**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	Male	1 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	52 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Other Child - MU	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	18 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)

**LDSS Response**

Upon receipt of the reports, ACS initiated the investigation by contacting first responders and family members. According to the NYPD, both parents were co-sleeping with the SC and when they woke up the SC was lying in between the parents on the bed. The NYPD stated the SC appeared healthy, with no trauma, bruising to body, or hemorrhaging. The NYPD stated the death appeared to be accidental, as the parents were co-sleeping and could have rolled onto the SC.

ACS made a joint visit with the NYPD and observed the parents had a queen size bed with a pile of children’s clothes at the foot end, wrapping paper, boxes, and plastic bags. ACS also observed three empty bottles of beer, and an empty bottle of Hennessy. The mother stated they were not drinking on the evening prior to the incident; she explained the bottles were from a party the father had on 11/5/19 before she was discharged from the hospital with the SC. The mother said the father did not help to clean the home. It was not clear whether all or some of the items mentioned were on the bed at the time of the incident.

ACS observed there was a queen-sized bed with a firm mattress and three pillows. The pillows were approximately 20-21” in length and 30-32” in width; one pillow was used for the SC. According to the mother, the adult sibling fed the SC at 2:00 A.M., and then she burped him, and placed him on his back on top of a pillow. The mother said the adult sibling was in the room until the father arrived at 4:00 A.M. and sent her to her room.

The mother said the SC was in between herself and the father. The mother reported that at the time of the SC’s death, he weighed approximately 7.5 pounds and was 20 inches long. The SC had no medical issues. It was estimated the mother weighed 140 pounds and was 5 feet and 2 inches tall. The father weighed about 180 pounds and was 5 feet and 10 inches tall.

The mother said she and the father were awakened at around 7:00 A.M. by the MA and a family friend, who planned to take the children to Six Flags. According to the family and the friend, the mother began to administer CPR once she realized the SC was not breathing. It was reported that the other children heard the commotion and the MGM, and the



father attended to them until EMS arrived. At that point the children were left with the friend and the MA, who took them to the trip to get their minds off of things and when they returned, they learned the SC had passed. All family members including the children corroborated this account.

ACS interviewed the friend who stated she was at the home at about 7:00 A.M to help the children get ready for a community trip. The friend said when she entered the parents' room she observed, the father was at the foot of the bed and the mother was on the "other side". The friend stated the SC appeared to be asleep, but she did not see he was breathing; she explained there was no up and down movement of his chest. The friend said she woke up the mother, and the mother began to administer CPR while the MA called 911.

As of the writing of this report, ACS had not made a determination.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Unknown

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

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** There was no documentation of an MDT response; however, 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 the NYC region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052649 - Deceased Child, Male, 1 Mons	052650 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending
052649 - Deceased Child, Male, 1 Mons	052650 - Mother, Female, 36 Year(s)	DOA / Fatality	Pending

### 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 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 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 Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 The 7-Day safety assessment was completed timely. The 7-day safety assessment was not completed timely. The documentation of the 24 Hour nor the 7-Day safety assessments did not reflect clear and concise information to support the safety decision or the selected safety factors. ACS did not complete a 30 Day safety assessment.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:  
N/A

### 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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: FPP							

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? N/A

**Explain:**  
There were no immediate services needed to support the well being of the children in response to the fatality. However, ACS provided FPP services to work on the family's overall needs.

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

**Explain:**  
There were no immediate needs for the parents or the MGM related to the fatality. However, ACS provided FPP services to work on the family's overall needs.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.



## CPS - Investigative History More Than Three Years Prior to the Fatality

The mother and the MGM were listed as the subjects of a report dated was listed in report dated 4/25/14. The allegations of the report were PD/AM, IFSC and IG of the SC siblings and the MU. The report was unfounded on 6/13/14.

## Known CPS History Outside of NYS

The family had no known CPS history outside NYS.

## Preventive Services History

ACS referred the family for PPRS services and the mother signed the application to enroll for services on 7/14/14. The case was opened as an ADVPO, but due to non-compliance, it was closed on 9/30/14. The family was then referred to another PPRS, and the family received services from 10/1/14 through 3/21/16.

## 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