



**Report Identification Number: NY-16-052**

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

**Issue Date: 11/28/2016**

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	

### 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-Cardio-pulmonary 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-Others	

### 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	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 day(s)

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

**Date of Death:** 05/19/2016  
**Initial Date OCFS Notified:** 05/19/2016

## Presenting Information

The 5/19/16 SCR report alleged at approximately 4:30 PM on 5/19/16, the two-day-old newborn infant had difficulty breathing and began gasping for air while at home with the parents and two siblings. The newborn eventually stopped gasping but continued to look unwell. The caretakers transported the newborn infant to Mt. Sinai Hospital. The newborn infant arrived at the hospital around 8:15 PM and was deceased upon arrival. The newborn infant was officially pronounced dead at 8:46 PM. The newborn infant had no known medical condition that would have contributed to his death. The roles of the two siblings were unknown.

## Executive Summary

This 2-day-old male twin infant died on 5/19/16. In October 2016, NYCRO received the autopsy report. The ME listed the cause of death as Cardiac Arrhythmia (possibly due to genetic sequence variant of SCN10A) and the manner as natural.

The allegations of the 5/19/16 report were DOA/Fatality and IG of the SC by the parents.

According to the ACS findings, the SC and surviving twin were born without medical complications at 38 week gestational period and were discharged to the parents on 5/18/16. The parents informed ACS that the SC nursed every 2 to 3 hours since discharge to the parents' care. On 5/19/16 between 4:00 AM and 6:00 AM the SC did not want to feed from the breast and the SM expressed breast milk in a bottle. The SC ingested a small amount of milk. The parents recalled around 9:00 AM, they made several attempts to feed the SC from a bottle; however the SC continued to have difficulties nursing. The parents realized the SC appeared lethargic but they assumed his condition was normal. The parents said they observed the SC's skin was yellow and the SC had begun to breathe irregularly at about 4:00 PM. Although the SC was not diagnosed with a medical condition at birth and no skin color change was observed, the parents conducted an Internet search and based on the results of the search, they concluded the SC exhibited signs of a particular pre-existing medical condition. The parents called the Dr. who instructed them to take the SC to the hospital. The parent stated they were alarmed and did not think the situation required immediate ambulance transportation at the time. At approximately 7:30 PM the parents left the home and transported the SC and twin sibling to the hospital.

Upon their arrival at Mount Sinai Hospital ER around 8:00 PM, the ER staff observed the SC appeared to have a yellow color, his lips were blue and he was unresponsive. The ER staff attempted to resuscitate the SC. However, the SC did not respond to CPR and medication treatment. The SC was presumed dead at 8:45 PM.

The ACS investigation revealed there was no evidence that the parents or MGM had history with CPS, domestic violence, mental illness, substance abuse or criminal activity. The Specialist visited the home and assessed the living environment and the siblings. There were no concerns related to safety of the siblings. ACS staff gathered pertinent information about the circumstances surrounding the SC's death by observing the family's home, obtaining statements from the parents and MGM. ACS obtained appropriate information from medical collateral contacts.



ACS opened the Family Services Stage (FSS) 5/20/16. ACS offered the family referrals for bereavement and case management services. The parents accepted the offer for services but they later declined as they opted to seek their own services. ACS closed the FSS on 6/28/16.

On 7/18/16, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the parents on the basis that the parents did not know the SC needed immediate medical attention. ACS explained that the parents were unaware of the SC's severe illness which delayed the parents from taking the SC to the ER. The parents contacted the Dr. and asked whether the SC had a pre-existing medical condition due to the symptoms. The parents were told to take the SC to the ER for tests to be conducted. The parents took the SC to the ER several hours after speaking with the Dr. and the SC was unresponsive at the time the parents arrived at the ER. The attending Dr. said it was impossible for the parents to have known the severity of the SC's illness by simply observing the SC with the symptoms described by the parents. ACS referenced the ME's preliminary findings of no suspicious marks/bruises and no signs of abuse/maltreatment concerning the SC. ACS noted the siblings seemed healthy, there were no safety concerns, and the family was provided with referrals and Early Intervention services.

## 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?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

### Explain:

N/A

## Required Actions Related to the Fatality

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



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 05/19/2016

**Time of Death:** 08:46 PM

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

**County where fatality incident occurred:**

QUEENS

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

No

**Did EMS to respond to the scene?**

No

**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

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	62 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Day(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

### LDSS Response

According to LE, no charges were brought against the parents and the death of the SC was considered non-suspicious. The older sibling was supervised at the case address by the MGM while the parents took the SC and surviving twin infant to the hospital.

The attending Dr. informed ACS staff that the SC arrived in the ER at 8:15 PM. The SC was brought to the ER in the parents' private vehicle. Upon arrival, the SC was observably purple in color with blue lips and no pulse. Emergency resuscitation measures, medication and intubation were provided to the SC. The ER staff attempted to revive the SC for 30 minutes without success. The Dr. examined the SC and presumed he died of a pre-existing medical condition contracted most likely from the mother while still in the womb. The surviving twin infant was immediately admitted to the hospital for observation and was administered medication as a precaution. The surviving twin was discharged to the parents in stable condition with the follow-up appointment scheduled for 5/23/16. The hospital staff observed there were no marks or bruises on the SC and surviving twin.

The Specialist visited the home on 5/20/16 and observed and engaged the household members. The Specialist observed the family resided in a 2-bedroom apartment. The home was clean and well organized and the sleeping arrangements were satisfactory. The family had an adequate supply of provisions and functional and carbon/monoxide detectors. There was no hazardous condition observed in the home. The two surviving children did not have marks/bruises and appeared to have received adequate care. The MGM explained she had been visiting the home since 5/17/16 to assist the parents with the 2-year-old sibling as they tended to the SC and surviving twin infant.

On 5/23/16, the Specialist scheduled a child safety conference (CSC) regarding the safety of the surviving siblings. The parents were unable to attend the CSC but they participated by telephone on 5/24/16.

The Specialist interviewed the children's Dr. and nurse. This Dr. informed ACS the SC and surviving twin had been scheduled for their first visit at the third day post birth discharge appointment on 5/20/16. (However, the SC died on 5/19/16 prior to the scheduled appointment.) The Dr. explained the nurse received a phone call from the parents on 5/19/16 at approximately 1:15 PM. During the telephone conversation, the parents described to the nurse their observations, stating that the SC was yellow, lethargic, and had issues feeding. The parents were placed on hold and the nurse relayed to the Dr. the symptoms the parents described pertaining to the SC. The Dr. advised the nurse to inform the parents to take the SC to the hospital of birth on that day because the hospital of birth had the SC's medical information and the parents would receive the results much quicker than in the ER. The Dr. instructed the nurse to tell the parents that although the symptoms they described were similar to a specific pre-existing medical condition, the Dr. was unable to confirm such diagnosis considering the Dr. had not previously examined nor had observed medical records for the SC.

On 5/25/16, the ME said the autopsy findings were pending the results of the fluids and toxicology reports. There was no trauma to the SC's body and no signs of abuse/maltreatment observed by the ME upon physical examination.

The Specialist opened the Family Services Stage (FSS) of the case and offered preventive services to the parents on 5/20/16. ACS made adequate effort to engage the parents to discuss a service plan. The Specialist successfully assessed the siblings on 6/10/16. The siblings appeared well cared for by the parents. Via telephone, the parents participated in the 20-Day conference held at the ACS office on 6/13/16. The parents declined the ACS referrals as they said they preferred to seek services privately. ACS closed the FSS on 6/28/16.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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



# NYS Office of Children and Family Services - Child Fatality Report

## Multidisciplinary Investigation/Review

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

**Comments:** The investigation adhered to previously approved protocols for joint investigation.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028821 - Deceased Child, Male, 2 Days	028824 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
028821 - Deceased Child, Male, 2 Days	028825 - Father, Male, 39 Year(s)	DOA / Fatality	Unsubstantiated
028821 - Deceased Child, Male, 2 Days	028825 - Father, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
028821 - Deceased Child, Male, 2 Days	028824 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# NYS Office of Children and Family Services - Child Fatality Report

documentation?				
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## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation





# NYS Office of Children and Family Services - Child Fatality Report

	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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 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 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:



ACS offered bereavement and burial assistance to the parents however, the parents declined all offered services.

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: N/A

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

Explain: N/A

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
Misused over-the-counter or prescription drugs
Experienced domestic violence
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 fetal alcohol effects or syndrome
With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

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

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



The family had no CPS history more than three years prior to the fatality.

### Known CPS History Outside of NYS

The family had no CPS 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