



Report Identification Number: SV-15-040

Prepared by: Spring Valley Regional Office

Issue Date: 5/3/2016

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
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 10 month(s)

Jurisdiction: Sullivan
Gender: Male

Date of Death: 12/14/2006
Initial Date OCFS Notified: 09/21/2015

Presenting Information

The New York Statewide Central Register of Child Abuse and Maltreatment (SCR) received a report on 9/21/2015 alleging the death of a child in Ulster County that occurred in December 2006. The report alleged that the subject child was left unsupervised on top of a bed by his step-father. The subject child reportedly fell off of the bed and subsequently died as a result of the injuries obtained from the fall.

Executive Summary

The SCR received a report on 9/21/2015 alleging the 10 month-old subject child fell from a bed when he was left unsupervised by the stepfather on 12/11/2006. The child's fall allegedly resulted in his death on 12/14/2006. The Sullivan County Department of Family Services (SCDFS) successfully coordinated their efforts in conducting the CPS investigation with Ulster County Department of Social Services (UCDSS), Westchester County Department of Social Services (WCDSS), and the New York State Police Department. The SCDFS assumed primary responsibility for the investigation and UCDSS assumed a supportive role.

The UCDSS and SCDFS collaborated and confirmed the incident was reported to the SCR on 12/11/2006, investigated by UCDSS and SCDFS, and the allegations were determined. The investigation dated 9/21/2015 established that the seventeen-year-old surviving sibling had recently described, in a public setting, the circumstances that occurred in 2006 surrounding the subject child's death. At the time of subject child's death, he resided with his mother, stepfather, and three siblings; two sisters age four and eleven years and an eight-year-old brother. According to the Emergency Medical Services (EMS) report, on 12/11/2006 at approximately 4:10 PM, the stepfather called 911 for help with the subject child who was not breathing. Law enforcement responded to the scene and administered CPR to the subject child while EMS arrived around 4:15 PM to assume resuscitative efforts. EMS transported the subject child by ambulance to a local hospital. He arrived to the hospital at 4:32 PM, and was found to be unresponsive, with dilated and fixed pupils, a rash on the neck, grossly enlarged abdomen, possible bruising on the right side, and bleeding under the skin. The subject child was transferred to the medical center, based on a suspicion of Shaken Baby Syndrome. A life support system maintained him until 12/14/2006, at which time life support was removed and he was declared deceased. UCDSS appropriately determined the safety and risk of the siblings by conducting home visits, interviewing pertinent collateral contacts to obtain necessary documentation. On 3/14/2007, SCDFS completed a thorough investigation and determined that there was credible evidence to substantiate the allegations of Inadequate Guardianship, Internal Injuries, Lacerations/Bruises/Welts, Choking/Twisting/Shaking, and DOA/Fatality against the stepfather. The allegations of Inadequate Guardianship Lacerations/Bruises/Welts against the mother were appropriately unsubstantiated. The historical investigation yielded an accurate determination; however, it was untimely. Preventive Services as well as bereavement counseling services were offered to the family; however, were declined by the mother.

UCDSS' and SCDFS' investigation dated 9/21/2015 included internal supervisory conferences as well as consultations with the Spring Valley Regional Office at key points in the case. SCDFS learned the stepfather was charged, incarcerated, and tried in December 2006. In March 2008, the charges of murder, manslaughter, and reckless assault were overturned. New allegations were not reported to the SCR on 9/21/2015 and the investigation did not



uncover any concerns regarding the welfare of the children.

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

Explain:

The assessment at the time of case closure was appropriate.

Was the decision to close the case appropriate? Yes

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

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

Explain:

The measures taken by UCDSS, SCDSS and WCDSS to monitor the welfare of the surviving siblings were taken appropriately. As well, the decision to close the case was appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/14/2006

Time of Death: Unknown

Date of fatal incident, if different than date of death: 12/11/2006

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



NYS Office of Children and Family Services - Child Fatality Report

County where fatality incident occurred: ULSTER

Was 911 or local emergency number called? Yes

Time of Call: 04:10 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

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

2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	25 Year(s)
Other Household 1	Father	No Role	Male	23 Year(s)

LDSS Response

The investigative activities for the CPS report dated 12/11/2006 included contacts with the police department, the Medical Examiner, medical professionals, community resources and relatives. All subjects and other persons named on the report were interviewed, and the allegations were discussed. Appropriate service referrals were offered to the family however declined.

The safety of the surviving eleven-year-old and four-year-old female siblings and the eight-year-old male sibling were assessed and contact was maintained. All assessments were appropriate and accurately reflected the known circumstances of the case, however they were not timely. OCFS issued a citation of the applicable regulations 18 N.Y.C.R.R 432.3 (b)(3)(iv) in regard to Timeliness of Determination on the 2006 report, at which time, SCDFS explored ways to rectify this concern and the matter of timeliness was monitored by OCFS. There are no citations listed on the current report.



The Medical Examiner's report was not completed at the time of the 2006 case closure. As per the physicians who treated the subject child at the Medical Center, the injuries sustained by the subject child were inconsistent with the explanation given by the stepfather. One physician explained the injuries the subject child sustained were equivalent to "an infant who [had] been dropped from a four-story building, picked up and brought back to the building and dropped again from four stories." In the physician's professional opinion, the "injuries [were] more consistent with blunt force trauma rather than Shaken Baby Syndrome." The subject child suffered various injuries including left intra-ventricular hemorrhage, Sub-arachnoid hemorrhage into interpendicular cistern, loss of gray-white differentiation suggesting diffuse anoxia/hypoxia, left and right occipital displaced fractures, frontal linear lucency, right retinal hemorrhage and left frontal subdural hematoma.

There was documentation of supervisory conferences. The known circumstances of the case were discussed and directives were provided and executed.

The investigation dated was 12/11/2006 was concluded on 03/14/2007 and the allegations on the report were determined to have been substantiated against the stepfather on behalf of the subject child. The stepfather had caretaker responsibility on the day the injuries were sustained, and he could not provide any satisfactory explanation as to how the subject child's injuries occurred. The stepfather was arrested as a result of the subject child's injuries. The decision to unsubstantiate the allegations against the mother were also made appropriately as she was not home on the day of the incident and there was no evidence that she knew of any abuse or neglect from the step-father towards any of the children.

The report that was received by UCDSS on 9/21/2015, with the same allegations, had no new information. Due to a conflict of interest, SCDFS was assigned an investigative role and UCDSS maintained a supportive role. The UCDSS and SCDFS consulted the Spring Valley Regional Office throughout the life of the investigation. In addition, SCDFS interviewed the now seventeen-year-old surviving male sibling, the mother, school officials, and the stepfather. The department assessed there were no current concerns regarding the welfare of the surviving siblings.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: The investigation was conducted in 2006.

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

Comments: Sullivan County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation
SV-15-040	FINAL		Page 6 of 12



NYS Office of Children and Family Services - Child Fatality Report

		Outcome	
023381 - Deceased Child, Male, 10 Mons	024345 - Stepfather, Male, 25 Year(s)	Internal Injuries	Substantiated
023381 - Deceased Child, Male, 10 Mons	024345 - Stepfather, Male, 25 Year(s)	DOA / Fatality	Substantiated
023381 - Deceased Child, Male, 10 Mons	024345 - Stepfather, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
023381 - Deceased Child, Male, 10 Mons	024350 - Mother, Female, 31 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
023381 - Deceased Child, Male, 10 Mons	024345 - Stepfather, Male, 25 Year(s)	Choking / Twisting / Shaking	Substantiated
023381 - Deceased Child, Male, 10 Mons	024345 - Stepfather, Male, 25 Year(s)	Lacerations / Bruises / Welts	Substantiated
023381 - Deceased Child, Male, 10 Mons	024350 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The subject was incarcerated at the time of the investigation and was not interviewed by UCDSS or SCDSS. The subject was interviewed by the police. There was coordination and cooperation between the entities.

Fatality Safety Assessment Activities



NYS Office of Children and Family Services - Child Fatality Report

	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

	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"/>



NYS Office of Children and Family Services - Child Fatality Report

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"/>
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Explain as necessary:
None of the surviving siblings needed to be removed.

Legal Activity Related to the Fatality

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

Family Court Criminal Court Order of Protection

Criminal Charge: Assault Degree: 1

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
12/12/2006	The step-father	03/10/2008	Acquitted
Comments: The step-father was charged with first degree assault on behalf of the 10-month-old subject child. On March 10th, 2008, an UC jury cleared the step-father of this charge.			

Criminal Charge: Endangering the welfare of a child Degree: NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
12/12/2006	The step-father	03/10/2008	Acquitted
Comments: The step-father was charged with endangering the welfare of a child on behalf of the 10-month-old subject child. On March 10th, 2008, an UC jury cleared the step-father of this charge.			

Criminal Charge: Manslaughter Degree: 1

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	The step-father	03/10/2008	Acquitted
Comments: The step-father was charged with first degree manslaughter on behalf of the 10-month-old subject child. On March 10th, 2008, an UC jury cleared the step-father of this charge.			

Services Provided to the Family in Response to the Fatality

Services	Provided After	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
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NYS Office of Children and Family Services - Child Fatality Report

	Death	Refused	if Used	Offered	Unavailable		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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Preventive Services

Additional information, if necessary:
 Preventive services and bereavement counseling services were offered to the family however the mother declined the services.

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

Explain:
 Preventive services and bereavement services were offered to the family, however were declined.

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? Yes

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 within three years prior to the fatality.

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

There is no history found in the current system of record for the family more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of New York State for the family.

Services Open at the Time of the Fatality

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.

Required Action(s)



Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement 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