



Report Identification Number: NY-17-075

Prepared by: New York City Regional Office

Issue Date: Jan 08, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Richmond
Gender: Female

Date of Death: 07/21/2017
Initial Date OCFS Notified: 07/21/2017

Presenting Information

The SCR report dated 7/21/17 alleged that on 7/21/17 after a night of co-sleeping with the SM and SF, the SC was found unresponsive laying in between the SM and the SF. The position of how the SC's body was found was unknown and there were no visible signs of bruising to the SC's body. The SC was pronounced dead at 8:15 AM on 7/21/17. There was no explanation for the death of the SC. As a result, the SM and SF were named as the subjects of the report. The SM and SF had marijuana in the home and the 4-year-old CH had access to the marijuana. It was unknown whether the 4-year-old CH had ever ingested the marijuana as a result of having access to the drug.

Executive Summary

The 1-year-old female child (SC) died on 7/21/17. The autopsy listed the cause of death as Acute Bacterial Meningitis (Streptococcus Pneumoniae) and the manner of death as Natural.

The allegations of the 7/21/17 report was DOA/Fatality and IG of the of the SC, and IG of the 4-year-old male sibling by the parents.

ACS learned that on 7/19/17, the SC was ill and coughed for a couple of days. The SM sought medical treatment for her at the hospital. The SC received medical treatment and was discharged on 7/19/17. ACS reviewed the discharge documentation that stated the SM was instructed to return the SC to the hospital if the fever persisted over 100 degrees. When the SC arrived home from the hospital, the SC's fever slowly rose, and the SM gave the SC Motrin and Tylenol, as previously instructed by the attending physician. On 7/21/17, shortly after 2:00 AM, the SM placed the SC alongside her in the bed to sleep. She laid the SC on her left side, the SF slept facing the other way and all three slept in the same bed. She checked the SC at 4:00 AM and found that the SC was in a stable condition. The SF awoke at 7:00 AM and told the SM that the SC seemed ill. The SM picked her up and observed the arms remained straight and stiff and the lips were blue. The SM started chest compressions. She told the SF to get the SS and transport them to the hospital instead of waiting for 911. When they arrived at the hospital, she told staff that the SC was not breathing and a medical staff member took the SC. On 7/22/17, the ME informed ACS that the SC had meningitis, a bacterial infection.

On 8/4/17, ACS held a conference and discussed service planning. The service plan reflected the following: ACS would refer the family for PPRS, the parents would be referred to bereavement counseling and couples counseling, and the parents would be referred to consult with Certified Alcohol and Substance Abuse Counselor (CASAC) if their drug screen were positive. The documentation showed both parents tested positive for marijuana.

On 8/16/17, ACS filed an Article Ten Neglect petition in the Richmond County Family Court (RCFC) naming the parents as the respondents. The RCFC granted court ordered supervision and a limited OP against the parents stipulating that the parents not have any drugs in the home. The SS remained in the care of both parents. On the same day, the family signed an agreement for PPRS.

The safety plan for the 7/22/17 safety assessment was inadequate as the documentation did not include a plan to protect the surviving CH from immediate or impending danger of serious harm.

On 9/14/17, ACS Unsub the allegations of DOA/Fatality and IG of the SC by the parents. ACS based the decision on the autopsy result that listed the cause of death as acute bacterial meningitis (streptococcus pneumonia) and the manner of



death as natural. ACS added that the parents brought the SC to several hospitals every time she had a fever, although the parents did not take the SC to the primary care physician.

ACS added the allegation of PD/AM of the 4-year-old CH to the 7/21/17 report. ACS Sub the allegations of PD/AM and IG of the 4-year-old CH by the parents. ACS explained that the SM submitted to a drug test and tested positive for marijuana. The SM admitted to smoking marijuana, and the SF admitted to smoking marijuana a few times a week. ACS added that on 7/21/17, LE found marijuana in the living room of the home. Per LE, the marijuana was accessible to the 4-year-old CH.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? N/A

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

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

Explain:

NA

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 7/22/17 safety assessment was inadequate as the case documentation indicated safety factors placed the CH in immediate or impending danger of serious harm; however, in the safety document, ACS did not identify the safety factor.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)



Action: 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: 07/21/2017

Time of Death: 08:15 AM

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

07:00 AM

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

No

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? 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	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)

LDSS Response

On 7/21/17, the SM said a month prior to 7/21/17, she took the SC to North Shore Hospital (NSH), Staten Island University Hospital (SIUH) and Cohen Children's Hospital (CCH). The SC was treated and released from CCH and was diagnosed with a medical condition. The SC was again examined when she was taken to the SIUH on 7/19/17. The SM



admitted to using marijuana one month prior to 7/21/17. She said LE found a jar of marijuana on the kitchen counter. The SM said she was unaware the marijuana was in the home as it belonged to the SF. SM said she did not use marijuana in front of the CHN.

On 7/21/17, the hospital staff confirmed that on 7/19/17, the SC had a fever and was coughing.

LE informed ACS that the cause of death was meningitis. The SC was taken to the hospital on 7/19/17 and was examined and released. No arrest was being effected as there was no finding of criminality.

ACS interviewed LE about their knowledge of DV in the parents' relationship. ACS learned that the parents had a history of DV. The SM was in violation of the OP as the SM had visited the SF's home. The SF said the OP was limited and stated he should refrain from assaulting the SM. The SF denied there was DV in the parents' relationship and he explained that he had an argument with the SM that had been resolved. The SF admitted to using marijuana. He denied the SM smoked marijuana or that drugs were used around the CHN. ACS observed the limited OP document stipulated that the SF could not harass the SM.

On 7/26/17, ACS interviewed the parents and clarified information about the timeline of events. The SM said around the first week in June 2017, she and the SF took the SC to Forest Hill Hospital as the SC had a fever, cough and runny nose. The SC was not admitted to the hospital and was discharged with instructions to give the SC Motrin and Tylenol. Then about four days later, the SC was ill again and they took her to CCH where she was diagnosed with a medical condition. Per the SM, no prescription medication was provided. The SC seemed healthy during the remainder of the month of June 2017, but she still had a cough. On 7/18/17, the SC developed a fever and the SM gave the SC Tylenol and Motrin as advised by a previous attending physician. On 7/19/17, the SM and SF took the SC to SIUH and she was examined and discharged. The SF said on 7/19/17 at the time of the hospital visit, the SC had been dehydrated but was examined and discharged. The SF explained that on 7/20/17, the SC had a fever and vomited. The morning of 7/21/17, the SC was blue and stiff. He called 911 but then hung up drove to the hospital.

On 8/15/17, the SF said he and SM no longer wanted PPRS. On 8/16/17, ACS learned that LE found marijuana in the dining area nearby the 4-year-old CH's bedroom.

As of 1/8/18, the case remained open for PPRS.

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

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



Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
041902 - Deceased Child, Female, 1 Yrs	041904 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
041902 - Deceased Child, Female, 1 Yrs	041903 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
041902 - Deceased Child, Female, 1 Yrs	041903 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
041902 - Deceased Child, Female, 1 Yrs	041904 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
041905 - Sibling, Male, 4 Year(s)	041904 - Father, Male, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
041905 - Sibling, Male, 4 Year(s)	041903 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
041905 - Sibling, Male, 4 Year(s)	041903 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
041905 - Sibling, Male, 4 Year(s)	041904 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

ACS staff attempted to engage the 4-year-old CH; however, this CH did not respond.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input 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"/>



Child Fatality Report

Explain as necessary:

On 8/16/17, ACS filed an Article Ten Neglect petition for court ordered supervision; the parents were named as the respondents.

Legal Activity Related to the Fatality**Was there legal activity as a result of the fatality investigation?** Family Court Criminal Court Order of Protection**Family Court Petition Type: FCA Article 10 - CPS**

Date Filed:	Fact Finding Description:	Disposition Description:
08/16/2017	There was not a fact finding	There was not a disposition
Respondent:	041903 Mother Female 28 Year(s)	
Comments:	On 8/16/17, an Article Ten Neglect petition was filed naming both parents as the respondents.	

Have any Orders of Protection been issued? Yes**From:** 08/16/2017**To:** Unknown**Explain:**

A limited OP was issued against the parents requiring them to not have any drugs in the home or use any drugs.

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 family was referred for PPRS.

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

Explain:
The family was referred to PPRS.

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

Explain:
The parents submitted to a drug test and the family was referred to PPRS.

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? Yes

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 SM and SF were not known to the SCR and ACS as the subjects of any report.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Have any Orders of Protection been issued? Yes

From: 07/12/2017

To: 07/11/2019

Explain:

The documentation reflected that an OP was issued on 7/12/17 for the SM against the SF. The OP expires on 7/11/19.

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