



## Report Identification Number: SV-21-049

Prepared by: New York State Office of Children & Family Services

Issue Date: Apr 21, 2022

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 3 month(s)

**Jurisdiction:** Westchester  
**Gender:** Female

**Date of Death:** 12/02/2021  
**Initial Date OCFS Notified:** 12/02/2021

## Presenting Information

Westchester County Department of Social Services (WCDSS) received an SCR report on 12/2/2021 which alleged that on 12/1/2021, the mother (SM) placed the 3-month-old subject child in her crib to sleep. The night nanny (OA1) observed the child alive at approximately 1:30 AM on 12/2/2021. At approximately 4:30 AM, the night nanny awoke to attend to the 3-month-old twin sibling (SS) and discovered the subject child unresponsive in her crib. The father (SF) called 911, the child was transported to the hospital by ambulance, and pronounced dead. The subject child was otherwise healthy, and the adults did not have an explanation for her death. The surviving sibling and daytime nanny (OA2) had unknown roles.

## Executive Summary

This report concerns the death of a 3-month-old subject child which occurred while in the care of her mother, father, and nighttime nanny. The child was found unresponsive in her crib at approximately 4:40 AM by the nanny who then alerted the parents to the condition of the child.

The child was put to bed by the mother prior to the nanny’s arrival. The child and her twin sister were each placed in their own crib. The children were wearing pajamas, were swaddled in a light blanket, then placed into a DockATot. A weighted blanket was placed from the stomach down and tucked underneath the DockATot, and both children were given a pacifier attached to a small stuffed animal. The subject child was placed to sleep on her side, and the sibling was placed to sleep on her back. The subject child was last seen alive by the nanny at approximately 1:30 AM and was fussing. The nanny provided the child with her pacifier, and she had fallen back asleep while the nanny prepared a bottle. The nanny returned to sleep, waking at approximately 4:40 AM by the sibling crying. The nanny checked on the subject child and found her unresponsive in the crib. The nanny alerted the mother and father, a call was made to 911, and the child was transported to the hospital where she was pronounced dead.

The investigation revealed the mother attempted to train the children to sleep through the night and utilized multiple methods to encourage the children to sleep. The methods attempted created an unsafe sleep environment for the twin children. The mother, father, nighttime nanny, and daytime nanny all followed the same sleep methods and failed to intervene to provide the children with a safe sleep environment. The DockATot used in each crib is not approved by the American Academy of Pediatrics for sleeping.

The medical examiner identified the cause of death to be asphyxiation by suffocation due to use of unsafe sleep products which created an unsafe sleep condition. There were no criminal charges pursued by law enforcement.

The allegations of DOA/Fatality and Inadequate Guardianship against the mother, the father, and the night nanny regarding the subject child were substantiated. The allegation of Inadequate Guardianship was added against the daytime nanny regarding the subject child and was substantiated. The investigation further revealed the caregivers routinely placed the twin sibling in an unsafe sleeping environment; therefore, WCDSS added and substantiated allegations of Inadequate Guardianship against the mother, father, and both nannies. Services were offered and declined and the investigation was closed.

## 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:

The case record had detailed records of supervisory consult throughout the investigation.

### 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: 12/02/2021

Time of Death: 05:41 AM

Time of fatal incident, if different than time of death: 04:40 AM

County where fatality incident occurred: Westchester

Was 911 or local emergency number called? Yes

Time of Call: 04:46 AM

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

**How long before incident was the child last seen by caretaker?** 3 Hours

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- 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	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Month(s)
Other Household 1	Other Adult - Night Nanny	Alleged Perpetrator	Female	42 Year(s)
Other Household 2	Other Adult - Day Nanny	Alleged Perpetrator	Female	35 Year(s)

**LDSS Response**

WCDSS received the SCR report, notified the DA and ME, and coordinated their response with LE. LE informed WCDSS the SC and SS were each placed in their own crib to sleep by the SM. Each child was swaddled, placed in a DockATot, with a small stuffed animal attached to a pacifier, and with a weighted blanket which extended from approximately their stomachs and then were tucked under the DockATot. The SC was placed on her side, while the SS was placed on her back. The SC was found unresponsive at approximately 4:40 AM by the OA1.

The OA1 was interviewed in her home. The OA1 stated she arrived at approximately 7:45 PM on 12/1/2021 and the SC and SS were already asleep. The children had been bathed, fed, and placed to sleep by the SM. The SC woke up briefly at approximately 1:30 AM and the OA1 gave her a pacifier while she prepared a bottle. The SC had fallen back asleep prior to the bottle being prepared and she was not fed. The OA1 returned to sleep and awoke at approximately 4:40 AM when the SS was fussing. The OA1 stated she checked on the SC and noticed her limp and unresponsive. She immediately brought the SC to the parents and told them to call 911. The OA1 stated the SM had been trying multiple techniques to encourage the SC and the SS to sleep through the night, including placing them to sleep in the DockATot with a weighted blanket. The OA1 stated she observed the children in this sleep environment nightly and did not intervene to change their position or remove items from the crib.

The SM confirmed she fed, bathed, and put the SC and the SS to sleep prior to the OA1's arrival. The SM confirmed the children were in pajamas, were swaddled, placed inside the DockATot in the crib, and had a weighted blanket from their



bellies which then tucked under the DockATot. The children were also placed to sleep with a pacifier attached to a small stuffed animal. The SM confirmed the SC was placed to sleep on her side and the SS was placed on her back to sleep. The SM stated the OA1 arrived and then went to the bedroom for the night to watch the children. The SF stated he checked on the children at one point in the night, observing them to both be asleep in the positions the SM placed them in. The SM and the SF confirmed the OA1 then woke them at approximately 4:40 AM after finding the SC unresponsive. WCDSS expressed ongoing concerns for the SS regarding her sleep environment. The SM and the SF stated they would follow safe sleep guidelines for the SS following the death of the SC. The SS was assessed as safe in the care of the parents during the investigation.

The OA2 was not present during the fatal incident but confirmed the unsafe sleeping conditions had become the normal routine for how the children were placed to sleep.

WCDSS interviewed the ME and obtained the autopsy records. The ME stated there were clear signs of asphyxiation upon the initial examination. The cause of death was determined to be asphyxiation by suffocation due to use of unsafe sleep products which created an unsafe sleep condition. The DockATot is described by the manufacturer as a soothing station for a baby to lounge and play in. The American Academy of Pediatrics lists the DockATot as unsafe for sleeping. LE chose not to pursue criminal charges against the family or OA1.

The allegations of DOA/Fatality and IG against the SM, the SF, and the OA1 were substantiated. The allegation of IG was added against the OA2 regarding the SC and substantiated. The allegations of IG against the SM, the SF, the OA1, and the OA2 regarding the SS were added due to the unsafe sleep conditions the adults placed both the SC and the SS in repeatedly prior to the death of the SC. All caregivers had previous knowledge of safe sleep practices which were not being utilized. Services were offered and declined and the investigation was closed.

**Official Manner and Cause of Death**

**Official Manner:** Accident

**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

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The fatality was referred to an OCFS approved Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059725 - Deceased Child, Female, 3 Mons	059729 - Other Adult - Night Nanny, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
059725 - Deceased Child, Female, 3 Mons	059728 - Father, Male, 39 Year(s)	DOA / Fatality	Substantiated
059725 - Deceased Child, Female, 3 Mons	059727 - Mother, Female, 35 Year(s)	DOA / Fatality	Substantiated
059725 - Deceased Child, Female, 3 Mons	059730 - Other Adult - Day Nanny, Female, 35 Year(s)	Inadequate Guardianship	Substantiated



# Child Fatality Report

059725 - Deceased Child, Female, 3 Mons	059729 - Other Adult - Night Nanny, Female, 42 Year(s)	DOA / Fatality	Substantiated
059725 - Deceased Child, Female, 3 Mons	059727 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
059725 - Deceased Child, Female, 3 Mons	059728 - Father, Male, 39 Year(s)	Inadequate Guardianship	Substantiated
059726 - Sibling, Female, 3 Month(s)	059727 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
059726 - Sibling, Female, 3 Month(s)	059729 - Other Adult - Night Nanny, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
059726 - Sibling, Female, 3 Month(s)	059728 - Father, Male, 39 Year(s)	Inadequate Guardianship	Substantiated
059726 - Sibling, Female, 3 Month(s)	059730 - Other Adult - Day Nanny, Female, 35 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 type="checkbox"/>	<input checked="" 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"/>
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 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"/>



<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<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



# Child Fatality Report

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 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 checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:  
The SS was too young to receive services in response to the fatality. No other service needs were identified by WCDSS.

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

Explain:  
The parents declined services from WCDSS to address their needs in response to the fatality.

## 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

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

## Known CPS History Outside of NYS

There was no known CPS 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? 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