

Report Identification Number: SV-22-002

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

Issue Date: Jul 08, 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

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

Case Information

Report Type: Child Deceased
Age: 4 year(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 01/16/2022
Initial Date OCFS Notified: 01/16/2022

Presenting Information

An SCR report alleged on 1/13/22, at 11:30 AM, while impaired on prescription medication, the mother operated a motor vehicle with the 4-year-old female subject child in the car. The child was not restrained in the car. The mother backed out of the driveway, failed to yield and the car was struck by another vehicle. The child was ejected from the car and sustained bruising and scratches to her lower abdomen and the left side of her head, brain swelling, a neck fracture, went unconscious and her heart stopped. As a result, the child required emergency medical intervention including CPR, intracranial pressure relief, cervical spine stability and a ventilator. On 1/16/22, the child was taken off life support and was pronounced deceased at 5:03 PM. At the time of the SCR report, there was an open investigation which began on 1/13/22 regarding the fatal incident.

Executive Summary

This fatality report concerns the death of the 4-year-old child that occurred on 1/16/22. The child died during an open investigation regarding injuries she sustained from a car accident that happened on 1/13/22. Reports were made to the SCR with allegations the SC passed away from injuries she sustained from the accident. At the time of the SC's death, she resided with her parents and 5-year-old sibling. An order of protection was granted, and the mother was barred from residing in the home or having unsupervised contact with the sibling. The sibling was assessed to be safe with the father.

Suffolk County Department of Social Services (SCDSS) coordinated investigative efforts with LE upon receipt of the SCR report. The mother was arrested and charged with Aggravated Driving While Intoxicated with a Child-Passenger Less Than 16, Endangering the Welfare of a Child: Act in manner to injure child under 17, Operating a Motor Vehicle Impaired by Drugs and Unlicensed Operator. The criminal case was pending at the time of case closure. An autopsy was performed but the final autopsy report was not yet made available at the time this report was written. The preliminary report noted the child sustained two fractures in her neck.

The mother and SC were pulling out of their driveway when they were hit by a passing car. As a result of the impact, the mother lost consciousness and was awoken by EMS and LE. The SC was worked on by EMS and was transported to the hospital where she was placed on life-support. The SC was transferred to another hospital where life support was withdrawn, and she succumbed to her injuries. The mother denied she was impaired at the time of the fatal incident; however, she had taken her medications as prescribed.

SCDSS gathered information from collateral contacts including first responders, a drug recognition officer, family members, hospital staff, and the mother's drug treatment counselor and prescribing doctor. First responders had concerns that the mother was impaired when they arrived and noted the SC was on the floor of the back seat of the car as she was sitting on a booster-seat that was not suitable for her height.

The mother previously misused drugs and was in a drug treatment program. The drug treatment counselor did not have concerns and said the mother was compliant with her treatment and was not misusing drugs. The father and grandparents did not suspect the mother was misusing drugs.

SCDSS filed a Neglect Petition against the mother on behalf of the sibling. A Preventive Services Case was opened on 1/26/22 to provide ongoing casework monitoring to the family.

SCDSS conducted home visits and documented thorough interviews. SCDSS completed the 24-hour and 30-day Safety Assessments and required reports timely and with accuracy. Written notice of existence and written notice of indication letters were provided to the adults timely.

The allegations regarding the SC were substantiated. SCDSS added and substantiated the allegations of IG and PD/AM against the mother regarding the sibling although she was not present at the time of the fatal incident. The allegations regarding the sibling were substantiated as there was evidence the mother’s actions placed the sibling at risk of harm. The investigation revealed the mother placed the SC in a booster seat and fastened the car’s seatbelt over the SC but the SC did not meet the height requirement for the booster seat. As a result, the SC sustained injuries and died. LE arrested the mother as she was deemed impaired. Information from the mother’s toxicology report reflected the mother was only positive for the medications she was prescribed.

The family was offered and declined funeral assistance. The family was engaged in bereavement counseling at the time the investigation was determined.

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:

A Preventive Services Case remained open at the time the investigation was determined.

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:

Casework activity was commensurate with case circumstances.

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: 01/16/2022

Time of Death: 05:03 PM

Date of fatal incident, if different than date of death:

01/13/2022

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

11:30 AM

County where fatality incident occurred:

Suffolk

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

- | | | |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input checked="" type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

At time of incident was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Absent | |
| <input type="checkbox"/> Asleep | <input checked="" type="checkbox"/> Other: Driving | |

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	4 Year(s)
Deceased Child's Household	Father	No Role	Male	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)

LDSS Response

On 1/13/22, SCDSS received a report from the SCR alleging the SC sustained injuries after being involved in a car accident. SCDSS coordinated investigative efforts with LE. On 1/16/22, SCDSS received SCR reports regarding the SC's death due to her injuries. Within the first 24 hours of the investigation, SCDSS completed a CPS history check, contacted the sources of the reports, and gathered information on the safety of the SS.

LE noted that the SC was not properly restrained as she did not meet the height requirement of the booster seat and was found on the floor of the car's back seat. LE observed the SM sitting in the driver's seat and she seemed disoriented. The SM was unsteady on her feet and failed field sobriety tests. The SM gave unspecified conflicting accounts of her day prior to the accident including at what times she took her prescribed medications. Additionally, the SM appeared to be unaware that the SC was injured. The driver of the other vehicle involved in the wreck said she saw the family's vehicle pull out of the driveway, but it was too late for her to stop, and the vehicles collided. After the crash, the SM's leg was on the dashboard, and she was flailing her arms. LE noted the driver of the other car involved in the accident said the SM appeared to be on drugs and did not care about the condition of her child. It was not specified how the other driver came to that conclusion.

A Drug Recognition Evaluation completed by LE noted the SM presented with poor motor coordination and did not know what happened. The Drug Recognition Evaluation Report noted the SM was under the influence of a combination of stimulants and was unable to operate a vehicle safely.

Prior to the SC's death, information was gathered from the hospital that the SC was in critical condition, was unstable, had a severe traumatic brain injury, severe spinal injury, and neurologically had minimal brain activity. Hospital records stated that on 1/13/22, the SC was airlifted to the hospital following a high-speed motor vehicle accident but passed away due to her injuries. SCDSS obtained the SM's hospital records that noted the SM did not appear confused, disoriented, intoxicated, or sedated.

SCDSS interviewed the SM who recalled being awoken by LE and EMS and she saw the SC on the ground with medical staff. The SM tried to stand up but could not as it hurt to stand. LE conducted a field sobriety test, but she was unable to stand and was taken to the hospital. The SM was arrested and was released with an ankle monitor that measured alcohol intake despite having no alcohol detected in her system. The SM reported she was not impaired and took her medications as prescribed. She was given a sobriety test at the hospital and consented to bloodwork. The test results were consistent with the medication the mother was prescribed and the medication levels were in normal range. The SM said she was told she passed the sobriety test conducted at the hospital; the record was unclear who told the SM she passed the sobriety test.

SCDSS contacted the SM's drug treatment counselor and the prescribing doctor. The SM was an active participant in drug treatment and support groups. The SM consistently passed drug screenings and was doing well. There were no concerns that the SM would be impaired or unable to drive safely after taking her medications based on the toxicology report and mother's history of compliance.

An EMT said he had to wait an hour before tending to the SM as LE was conducting a field sobriety test. The EMT heard the SM say she was confused. The SM was inconsistent in her recollection of the events leading up to the crash.

SCDSS filed a Neglect Petition regarding the SS and opened a Preventive Services Case. The SS remained in the care of the BF at the time the investigation was determined, and the petition was pending in Family Court. The outcome of the criminal charges also remained pending.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

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? No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059985 - Deceased Child, Female, 4 Yrs	059986 - Mother, Female, 34 Year(s)	DOA / Fatality	Substantiated
059985 - Deceased Child, Female, 4 Yrs	059986 - Mother, Female, 34 Year(s)	Fractures	Substantiated
059985 - Deceased Child, Female, 4 Yrs	059986 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
059985 - Deceased Child, Female, 4 Yrs	059986 - Mother, Female, 34 Year(s)	Internal Injuries	Substantiated
059985 - Deceased Child, Female, 4 Yrs	059986 - Mother, Female, 34 Year(s)	Lacerations / Bruises / Welts	Substantiated
059985 - Deceased Child, Female, 4 Yrs	059986 - Mother, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
059985 - Deceased Child, Female, 4 Yrs	059986 - Mother, Female, 34 Year(s)	Swelling / Dislocations / Sprains	Substantiated
059988 - Sibling, Female, 5 Year(s)	059986 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
059988 - Sibling, Female, 5 Year(s)	059986 - Mother, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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



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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

- Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/26/2022	There was not a fact finding	There was not a disposition
Respondent:	059986 Mother Female 34 Year(s)	
Comments:	A Neglect Petition was filed in Family Court on 1/26/22 on behalf of the SS. On 2/2/22, a temporary order of supervision and order of protection were granted barring the mother from unsupervised contact with the sibling. The mother was ordered to continue to engage in substance misuse and mental health counseling services. Court proceedings were ongoing at the time this report was written.	

Criminal Charge: Other - Aggravated DWI with Child Passenger Less Than 16 Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	The Mother	Unknown	The charge remained pending.
Comments:	The mother was arrested for Aggravated DWI with Child Passenger Less Than 16 - First Offense. The outcome of the criminal charge remained pending.		

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	The Mother	Pending	The charge remained pending.
Comments:	The mother was arrested for Endangering the Welfare of a Child. The charge remained pending at the time this report was written.		

Criminal Charge: Other - Operating Motor Vehicle Impaired by Drugs Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	The Mother	Pending	The charge remained pending.



Child Fatality Report

Comments:	The mother was arrested for Operating a Motor Vehicle Impaired by Drugs. The charge remained pending at the time this report was written.
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Criminal Charge: Other - Back Seat Passenger Age 4-7 No/Improper Restraint Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	The Mother	Pending	The charge remained pending.
Comments:	The mother was charged with Back Seat Passenger Age 4-7 No/Improper Restraint. The charge remained pending at the time this report was written.		

Criminal Charge: Other - Unlicensed Operator Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	The Mother	Pending	The charge remained pending.
Comments:	The mother was charged with Unlicensed Operator. The charge remained pending at the time this report was written.		

Have any Orders of Protection been issued? Yes	
From: 02/02/2022	To: Unknown
Explain: An order of protection was granted on behalf of the sibling against the mother. The order remained active at the time this report was written.	

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input 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? Yes

Explain:

The sibling was engaged in counseling through her school.

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

Explain:

The parents were offered burial assistance and bereavement counseling.

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? | 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

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 New York.



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