



**Report Identification Number: NY-16-065**

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

**Issue Date: 12/19/2016**

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

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

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

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

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

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

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

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



**Abbreviations**

**Relationships**

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

**Contacts**

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

**Allegations**

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

**Miscellaneous**

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

**Report Type:** Child Still Born  
**Age:** Unknown

**Jurisdiction:** Bronx  
**Gender:** Unknown

**Date of Death:** Unknown  
**Initial Date OCFS Notified:** 06/28/2016

## Presenting Information

On 6/28/16, at approximately 6:30 P.M., the BM was experiencing pain. The BM went to the bathroom and gave birth to twins. The BM was unaware she was pregnant. The children were purple after birth. The BM placed both children in a duffel bag, called a cab and went to the hospital with the children in the duffel bag. The BM arrived at the hospital and waited in the waiting room for approximately ten minutes until being called for triage. It was then that the BM notified the hospital staff that the children were in the duffel bag. The children were pronounced dead at approximately 8:34 A.M.

## Executive Summary

On 6/28/16, the BM arrived at the hospital at 8:34 A.M, sat for ten minutes in the waiting area before being called to triage; she told the nurse she was bleeding and had given birth to twins. The BM presented a duffel bag containing the remains of male twins. The twins were pronounced dead on arrival at 8:34 A.M. They had no signs of trauma or abuse. They were 30 weeks of gestation and weighed 2.7 pounds each. The BM reported she wanted nothing to do with them.

The ACS Specialist interviewed the BM who stated that sometime between 4:00 and 5:00 A.M., she went to bathroom and after using it, she discovered the twins in the toilet bowl. She noticed they appeared purple in color with white lips and not breathing. She placed them in a towel, in a duffel bag and proceeded to Lincoln Hospital. The BM stated she did not call EMS because she believe they she could reach the hospital much faster via taxi.

The BM stated she was not aware she was pregnant because she tested two times and both test results were negative. She stated she was also not aware of her pregnancy with the SS.

The ME reported that malformation of the placenta caused intrauterine fetal demise, so the SC was stillborn, not born alive.

The Specialist interviewed the MU and the MGP; their accounts were consistent regarding the morning of the discovery. The MGF and MU added that they observed the BM had gained weight and asked her whether she was pregnant; she responded no.

On 6/28/16, during the initial visit, the Specialist observed the home to have deplorable conditions and unsafe for the eleven-month-old SS. On 6/29/16, ACS filed an Article Ten Petition in Bronx Family Court on behalf of the SS against the BM. The SS was remanded and placed under the auspices of Graham Windham Agency. He was later paroled to the care of the BF where he remains to date. The BM has supervised visits of six hours, four days per week, in the community. The visits appeared to be going well. The judge requested a mental health evaluation for the BM. ACS referred the SS for Early Intervention services as a form of support.

The MGM, who provided care to the SS while the BM was at work, reported that due to the death of her parents ten



years ago, her depression affected her ability to clean the home. The MGF and the MU provided no plausible reason for not taking responsibility to clean the home.

The pediatrician reported no concerns for the care given the SS and the immunizations were current.

On 8/24/16, ACS unsubstantiated the allegations of DOA/ Fatality and IG of the SC by the BM. ACS documented the ME reported that malformation of the placenta caused intrauterine fetal demise, so the SC was stillborn, not born alive. ACS substantiated the allegations of IG and I/F/C/S of the SS by the BM. ACS based their determination on the unsanitary and hazardous conditions of the home that placed the SS at risk of serious harm.

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:

N/A

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:

N/A

Required Actions Related to the Fatality

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

Table with 2 columns: Issue, Summary. Issue: Overall Completeness and Adequacy of Investigation. Summary: During the investigation, ACS observed the home to be in a deplorable condition and removed the child; however, ACS did not add the MGM who had child care responsibilities of the SS. The MGM



and BM's work schedule revolved around the plan of care.

**Legal Reference:** SSL 424(6); 18 NYCRR 432.2(b)(3)

**Action:** ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.

## Fatality-Related Information and Investigative Activities

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	18 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim		
Deceased Child's Household	Grandparent	No Role	Male	39 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Other Deceased Child	Alleged Victim	Male	0 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	11 Month(s)

### LDSS Response

ACS contacted the SW at Lincoln Hospital and received information concerning the fatal twins. The SW reported the BM arrived at the hospital at 8:34 A.M, sat for ten minutes in the waiting area before being called to triage; she told the nurse she was bleeding and had given birth to twins. When asked where the babies were she pointed to the bag placed on the floor. The twins were pronounced dead on arrival at 8:34 A.M. The twins had no signs of obvious trauma to suspect child abuse. The twins were 30 weeks and weighed 2.7 pounds each. The twins' remains were taken to Jacobi Hospital to the ME. The BM was examined and needed to be admitted but refused to stay. The BM was discharged around 2:30 P.M. Prior to BM leaving, the attending physician asked the BM if she wanted to see the babies and she replied "she wanted nothing to do with them".

The ACS Specialist visited the case address on 6/28/16 and interviewed the BM and received this information. The BM reported that at approximately 1:00 A.M, she awoke with back pain and lots of bleeding. The BM thought the bleeding was the side effect of the medication wearing off, since she had not followed up. According to the BM, sometime between 4:00 and 5:00 A.M., she went to bathroom and after using it, she discovered the twins in the toilet bowl. She stunningly stared at them for a minute and they were not breathing. They appeared purple in color with white lips. She picked them up placed them in a towel, in a duffel bag and proceeded to get dress. She dressed, asked her brother to accompany her as they hired a taxi to Lincoln Hospital. The BM stated she did not call EMS because they took about two hours to arrive when she gave birth to her eleven-month-old son (SS).

The BM stated she was not aware of her pregnancy as she had been given a method of birth control; in addition to being screened for pregnancy two times and both test results were negative. She stated she was also not aware of the pregnancy



with the SS.

The Specialist interviewed the MU and the MGP; their accounts were consistent. The MGF and MU added that they observed the BM had gained weight and her tummy appeared round, so they asked whether she was pregnant and she responded in the negative. During the night of the incident, they offered to take the BM to the hospital; however, she declined stating she will feel better in the morning.

On 6/28/16, during the initial visit, the Specialist observed the home to have deplorable conditions and unsafe for the SS. On 6/29/16, ACS filed an Article Ten Petition in Bronx Family Court on behalf of the SS against the BM. The SS was remanded and placed into foster care under the auspices of Graham Windham Agency. He was later paroled to the care of the BF where he remains to date.

The MGM reported that due to the death of her parents ten years ago, her depression affected her ability to clean the home. The MGF and the MU provided no plausible reason for not taking responsibility to clean the home. The MGM provided care to the SS while the BM was at work. ACS documented the home was clean on the following visit. ACS did not add IG allegation of the SS by the MGM, who provided care to the SS whenever the BM which was the plan of care.

ACS received information from the pediatrician regarding the SS. The pediatrician reported the SS was born full term to the BM who had no knowledge of being pregnant. The pediatrician reported no concerns for the care given the SS and the immunizations were current.

On 8/24/16, ACS unsubstantiated the allegations of DOA/ Fatality and IG of the SC by the BM. ACS documented the ME reported that malformation of the placenta caused intrauterine fetal demise, so the SC was not born alive. ACS substantiated the allegations of IG and I/F/C/S of the SS by the BM. ACS based their determination on the unsanitary and hazardous conditions of the home that placed the SS at risk of serious harm.

### Multidisciplinary Investigation/Review

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

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

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the NYC Region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032861 - Deceased Child, ,	032862 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
032861 - Deceased Child, ,	032862 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
032901 - Other Deceased Child - Twin,	032862 - Mother, Female, 19	Inadequate Guardianship	Unsubstantiated



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Male, 0 Year(s)	Year(s)		
032901 - Other Deceased Child - Twin, Male, 0 Year(s)	032862 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
032902 - Sibling, Male, 11 Month(s)	032862 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
032902 - Sibling, Male, 11 Month(s)	032862 - Mother, Female, 19 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated

### CPS Fatality Casework/Investigative Activities

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

**Additional information:**

Records pertaining to the child's death were reviewed via the CONNECTIONS database.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Explain as necessary:

On 6/28/16, during the initial child safety assessment, the Specialist observed the home to be in deplorable condition. The SS was removed from the BM's care and placed at the Children Center. On 6/29/16, an Article Ten Petition of





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Neglect was filed in the Bronx Family Court against the BM. The judge granted the remand of the SS and he was placed with his BF with supervised visits with the BM. The adjourned court date is 12/22/16.

### 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:
06/29/2016	There was not a fact finding	Adjourned
<b>Respondent:</b>	032862 Mother Female 19 Year(s)	
<b>Comments:</b>	The judge placed the SS with his BF with a plan to return to his BM. BM was ordered to complete a mental health evaluation and results to be submitted by 12/22/16.	

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<b>Intensive case management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**  
 Family Court ordered the BM to undergo a mental health evaluation that was completed.

**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 parents of the eleven-month-old SS was enrolled in Case Management Services and Casework Counseling on 8/30/16.

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

**Explain:**  
 The parents enrolled in Casework Counseling on 8/30/16.

### 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 is no ACS history.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.



**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Additional Local District Comments**

N/A.

**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