

Report Identification Number: NY-14-085

Prepared by: New York City Regional Office

Issue Date: 1/20/2015

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.

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Abbreviations

<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

Case Information

Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 07/24/2014
Initial Date OCFS Notified: 07/24/2014

Presenting Information

On 7/24/14, the three-year-old child was not adequately supervised by the mother and father. The child was found unresponsive nearby the family's pool. The parents provided conflicting details regarding the incident. The child had since passed away.

On or about 7/24/14, the three-year-old child was left alone in the play area outside of the group family day care. The child was not being provided with adequate supervision and was able to squeeze through a fence and subsequently drown in a pool located behind the day care.

Executive Summary

The three-year-old child died on 7/24/14 as the result of an accidental drowning.

The allegations of the 7/24/14 reports were LS and DOA/Fatality of the child by the parents and step-MGF. The allegations of the 7/25/14 reports were DOA/Fatality, IG, and LS of the child by the mother and DCP, and IG by the DCP1 and DCP2.

According to ACS' findings, on 7/24/14 at around 5:30 PM, the incident occurred at a group family day care home where the mother worked and child attended. At approximately 5:00 PM, the step-MGF and infant MA went to the day care to meet the mother and child. The mother told the step-MGF she was unable to leave the day care until her supervisor's return, and the aunt would pick up the child. The step-MGF left the infant with the mother and took the child to the store. The mother assumed the child remained in the step-MGF's care. After the DCP1 informed the mother the step-MGF had returned to the day care, the mother went outside to meet him and she observed the child was not in the car. The step-MGF said the child wanted to play on the slides so he let the child into the play area of the day care site and remained in the car outside of the day care. The mother went to the play area and when she did not observe the child, she went to the back of the home where she saw the child in the pool and he was floating naked on his right side. The mother went into the pool; retrieved and placed him on the deck. The step-MGF began CPR and water exited from the child but the child remained non responsive.

On 9/5/14, an Article Ten Neglect Petition was filed in Family Court on behalf of the surviving infant, naming the step-MGF as a respondent, alleging alcohol misuse. An OOP was issued: the infant was paroled to the MGM under ACS supervision. After step-MGF violated the OOP, the infant was placed in Kinship FC. The petition was amended to add the MGM.

On 10/14/14, ACS unsubstantiated the allegations regarding the parents. ACS noted there was no credible evidence to substantiate these allegations. ACS substantiated the allegations of DOA/Fatality and LS of the infant by the step-MGF. ACS noted the ME listed the cause of death as drowning and the manner of death as accidental. The child was able to gain access to an above ground swimming pool and he subsequently drowned. The step-MGF did not provide a minimum degree of care when he failed to safeguard the child. The 7/25/14 report was unfounded

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

The casework activity was commensurate with the case circumstances.

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 remained open to provide preventive services for the MGM's family.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	During the 7/24/14 and 7/25/14 investigations, the ACS documentation did not reflect that the EMS staff or the EMS Liaison was contacted to obtain further information about the case circumstances.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	ACS must submit a corrective action plan 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.
Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	ACS inappropriately completed the 10/31/14 safety assessment of the 9/3/14 report as the agency did not identify the safety factors which placed the infant in immediate or impending danger.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(b)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has

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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.

Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	ACS inappropriately completed the 10/14/14 safety assessment of the 7/24/14 Subsequent report as the agency noted there was no safety factor that placed the surviving infant in immediate or impending danger.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(b)
Action:	ACS must submit a corrective action plan 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: 07/24/2014

Time of Death: 06:20 PM

County where fatality incident occurred:

RICHMOND

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to 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 type="checkbox"/> Driving / Vehicle occupant |
| <input checked="" 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? No - but needed

If the child was in day care at the time of the fatality, was the day care program duly licensed or registered? Yes

Licensing/Registering Agency: OCFS

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

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	8 Month(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	53 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Other Household 2	Day Care Provider	Alleged Perpetrator	Female	20 Year(s)
Other Household 2	Day Care Provider	Alleged Perpetrator	Female	47 Year(s)
Other Household 2	Day Care Provider	Alleged Perpetrator	Female	22 Year(s)
Other Household 3	Father	Alleged Perpetrator	Male	29 Year(s)

LDSS Response

ACS staff obtained information from the NYPD, mother, step-MGF, MGM, and other collaterals. The NYPD findings showed the incident occurred at a day care (DC) where the mother worked and the child attended. On 7/24/14 at about 5:00 PM, the step-MGF arrived at the DC to pick up the mother but she was not ready to leave. The DC was a semi-attached home with a fenced-in play area located on the side. The step-MGF placed the child in the fenced play area and went to the car to wait for the mother. The mother looked out the back window and saw the child floating in the pool. She went to the pool and retrieved the child from the water. The step-MGF initiated CPR. The pool was fenced in and the door was secured but the child was able to straddle the fence by climbing on containers which were outside the fence. There was no arrest as the incident seemed to be an accident.

Later, the NYPD noted the step-MGF was outside the DC with the child, but left the child by himself to play with some toys which were alongside the home. The step MGF was not aware there was a pool, which was fenced-in, at the back of the home. The child climbed over the fence onto the deck of the pool. The mother looked out of the window from the home and observed the body in the pool. There was a 4-foot gate at the side of the home where the toys were situated. The step-MGF sat in his car and left the child to play. From the top of the containers there was about 18 inches of fence left for the child to climb.

On 7/25/14, the Specialist visited the family's home. The MGM refused to be interviewed. She said the incident occurred at the DC. Later, she told the Specialist when she arrived at the DC, she observed the mother holding the child's body. The step-MGF permitted the Specialist to only assess the surviving infant's safety. The step MGF was in front of the home. He seemed intoxicated as he slurred his words, had alcohol in his hands and he had a strong alcohol odor. The step-MGF said he and the infant went to the DC where the mother worked to pick up the mother and child. Upon arrival, the mother told him the supervisor needed her to remain at the DC. He left the infant with the mother and took the child to the store. About 30 minutes later, they returned to the outside area of the DC where the child went to the play area while he sat in the car. After about 10 minutes, the mother informed him of the incident and he jumped over the fence to the pool and found the child lying on the deck. Later, the step-MGF said he saw the child exit the DC alone: the child went to the side of the house, opened the latch and enter the play area. He denied he stated that he opened the side gate to allow the child to play in the yard. He said he called out through the window to inform the mother the child would play in the side yard. Later, the step-MGF acknowledged, for an approximate ten-minute period of time, he had not supervised the child's activities. The mother's account was similar to the step-MGF's account.

According to the ACS case record, OCFS staff provided information which stated the DC was suspended and license revoked effective 7/29/14. ACS' documentation reflected the DCP had a foster child through New York Foundling. The

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foster child was transferred to reside in another foster home.

On 9/3/14, a report was registered with the SCR regarding allegations of IG and L/B/W of the surviving infant by the step-MGF, MGM and DCP3, PD/AM and S/D/S by the step-MGF and MGM, and S/D/S by the mother. ACS substantiated the allegations of PD/AM and IG by the step-MGF and IG by the MGM. The other allegations were unsubstantiated.

On 10/14/14, ACS unsubstantiated the allegations regarding the parents citing lack of credible evidence. ACS substantiated the allegations of DOA/Fatality and LS of the child by the step-MGF. The report regarding the DCPs and mother was unfounded.

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)? No

Comments: The fatality investigation was not conducted by MDT.

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

Comments: The fatality was not reviewed by an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Male 3 Year(s)	Day Care Provider Female 20 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 3 Year(s)	Day Care Provider Female 22 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 3 Year(s)	Mother Female 23 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 3 Year(s)	Mother Female 23 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 3 Year(s)	Mother Female 23 Year(s)	Lack of Supervision	Unsubstantiated
Deceased Child Male 3 Year(s)	Grandparent Male 45 Year(s)	DOA / Fatality	Substantiated
Deceased Child Male 3 Year(s)	Grandparent Male 45 Year(s)	Lack of Supervision	Substantiated
Deceased Child Male 3 Year(s)	Day Care Provider Female 47 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 3 Year(s)	Day Care Provider Female 47 Year(s)	Lack of Supervision	Unsubstantiated
Deceased Child Male 3 Year(s)	Day Care Provider Female 47 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 3 Year(s)	Father Male 29 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 3 Year(s)	Father Male 29 Year(s)	Lack of Supervision	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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	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"/>
The SCR Report source contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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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 and placed in foster care at any time during this fatality instigation?	<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 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

Have and Orders of Protection been issued? No

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

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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 mother declined the offer for bereavement counseling and the step-MGF accepted the offer. The step-MGF was referred to a CASAC and for clinical health evaluation.

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 child had no surviving siblings. The surviving infant was the child's aunt. The MGM informed ACS that she was instructed by her attorney not to speak with ACS or NYPD.

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

Explain:
 The step-MGF was offered bereavement counseling. The mother declined the referral for bereavement counseling.

History Prior to the Fatality

Child Information

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Did the child have a history of alleged child abuse/maltreatment?	Yes
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?	N/A
Was the child acutely ill during the two weeks before death?	No

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

The step MGF was not known to the SCR or ACS as a subject. Between 4/25/11 and 7/18/11, the mother was known as a subject in two reports and the father was known in one report dated 7/18/11. The allegations of the 4/25/11 report was IG of the deceased child by the mother. The report was substantiated. The allegations of the 7/18/11 report were IG and PD/AM of the deceased child by the mother, IG by the father and MGM. The allegations were substantiated against the parents and unsubstantiated against the MGM.

The DCP was known to the SCR and ACS as a parent who was listed as having no role in two reports dated 10/30/06 and 12/3/09. The DCP 1 and DCP 2 were not known to the SCR or ACS as subjects.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	There were Family Service Progress Notes which were not entered contemporaneously by the Sauti Yetu agency preventive services. A Progress Note was entered on 2/22/13 but the Event Date was listed as 9/27/12.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	ACS must submit a corrective action plan 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.

Preventive Services History

On 6/20/11, a Family Service Stage (FSS) was opened and closed on 7/17/13 as services were no longer required. The MGM petitioned the Family Court for custody of the child, a Court Ordered Investigation (COI) was ordered and it was completed by 7/25/11. Regarding the family functioning, the 9/19/11 FASP reflected, the mother was intoxicated at the time she arrived at the PGM's home with the child. The father was at home with his paramour. An argument occurred and the mother attempted to stab the father with a knife. The mother left with the child.

On 8/5/11, ACS filed an Article Ten Neglect Petition listing the parents as respondents. The Court ordered the child's temporary release to the mother under ACS supervision upon the following terms: the mother reside with the MGM, enroll and test negative in an alcohol treatment program, enroll and comply with DV services, enforce the temporary order of protection (TOP) against the father and comply with her own TOP. The case was referred to Sauti Yetu agency for preventive services on 11/2/11. On 6/21/12, the mother completed alcohol addiction program, anger management, and parenting skills. She also received DV counseling. On 9/24/12, the family was in Court for a custody hearing in which the Court ordered the mother and MGM joint legal custody of the child. The MGM had primary physical custody of the child.

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date: 08/01/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

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

Family Court Criminal Court Order of Protection

NYS Office of Children and Family Services - Child Fatality Report

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/05/2011	Adjudicated Neglected	Direct Custody Transferred toContinued with Relative (Article 10)
Respondent:	012461 Mother Female 23 Year(s)	
Comments:	The Family Court ordered final order of custody granting the respondent mother and MGM joint legal custody and the MGM had primary physical custody.	

Have and Orders of Protection been issued? Yes	
From: Unknown	To: 04/28/2015

LDSS: Pertinent Information Related to the Fatality

The LDSS did not provide pertinent information related to the fatality.

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