

**Report Identification Number: NY-14-095**

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

**Issue Date: 2/19/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-plumonyary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	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 Suprevision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information

# NYS Office of Children and Family Services - Child Fatality Report

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

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 08/29/2014  
**Initial Date OCFS Notified:** 08/29/2014

## Presenting Information

On 8/29/14, at 5:30 PM, the father picked up the one-year-old child from the DC center. When they arrived home at approximately 6:00 PM, the father observed the child was not breathing and called 911. The child was transported by ambulance to the hospital and was later pronounced dead. The mother accompanied the child and the father returned to the DC center to ask questions of the staff about the child's day. The child was born with no documented medical concerns and was an otherwise healthy child. There was a two-year-old surviving sibling in the home. The role of the surviving sibling was unknown.

## Executive Summary

The child was one-year-old when she died on 8/29/14. The ME listed the cause of death as focal myocarditis; other significant conditions, history of enteritis and the manner of death as natural.

The 8/29/14 and 8/31/14 SCR reports included the allegations of DOA/Fatality and IG of the child by the parents. The 9/2/14 report included allegations of DOA/Fatality and IG of the child by the day care (DC) facility provider and director.

On 8/29/14, the Specialist interviewed the family, NYPD, medical and DC provider and director and relevant collaterals. The parents were interviewed separately and their accounts of events regarding the incident remained consistent. The assigned detective informed the Specialist there was no trauma to the child's body, no observable marks or bruises and there was no criminality noted. The Specialist observed the surviving sibling did not have marks or bruises and the home conditions were satisfactory. The Specialist obtained and reviewed the child and surviving sibling's medical records and found the immunizations were current, there was no medical concern noted and the parents were compliant with appointments. The Specialist made diligent efforts to interview the child's physician. According to the ACS case record, the attempts were unsuccessful as the physician did not respond.

The DC provider and DC director were interviewed by the Specialist and NYC Department of Health and Mental Hygiene (DOHMH) staff and learned there were several violations resulting in the DC's license being revoked.

On 10/31/14, ACS substantiated the allegation of IG of the child by the DC director on the basis that on 8/29/14, the day the child died, the director did not ensure the facility had the required number of staff. Also, on 9/2/14, DOH staff made an unannounced visit to the DC and found one staff was assigned to provide care of three infants which was against the regulations. ACS unsubstantiated the allegations of DOA/Fatality of the infant by the director and provider and IG of the infant by the provider as there was no credible evidence that the DC director and provider were responsible for the child's death.

On 12/31/14, ACS unsubstantiated the allegations of DOA/Fatality and IG of the child by the parents. ACS noted the parents provided the children a minimum degree of care. There was no trauma to the child's body and there was no suspicion of homicide. The ME determined the manner of death was natural.

## 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?** No
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

**Determination:**

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

**Was the decision to close the case appropriate?** Yes

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

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

**Explain:**

ACS appropriately closed the case with no services required.

## 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:** 08/29/2014

**Time of Death:** 07:16 PM

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

**County where fatality incident occurred:** QUEENS

**Was 911 or local emergency number called?** Yes

**Time of Call:** 06:33 PM

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

# NYS Office of Children and Family Services - Child Fatality Report

Other

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

**Is the caretaker listed in the Household Composition? Yes - Caregiver 2**

**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:** Department of Health

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

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	33 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	22 Year(s)

### LDSS Response

The one-year-old child died on 8/29/14. The ME listed the cause of death as focal myocarditis; other significant conditions, history of enteritis and the manner of death as natural.

The 8/29/14 and 8/31/14 SCR reports included the allegations of DOA/Fatality and IG of the child by the parents.

The Specialist interviewed the parents and relevant collaterals. Also, the Specialist visited the home and observed the sibling did not have marks/bruises and the home conditions were satisfactory. ACS found on 8/25/14 the child and sibling began to attend the day care (DC) as their primary DC was closed for a two-week period. The father said on 8/29/14 when he arrived in the DC, the child was asleep and strapped in the car seat which was unusual as the child usually approached him whenever he went to the DC. He observed there was discharge near the child's nose and the child did not suck her thumb as she usually did when she was asleep. While transporting the children to the home, the child did not respond to external stimuli. He stopped the car, checked the child and when the child did not respond to his touch; he called the mother. He transported the children to the home and called 911.

The detective informed ACS there was no suspicion of criminality and the law enforcement investigation was closed. The EMS liaison informed ACS on 8/29/14, at 6:39 PM; EMS observed the child's body was cold and dry: the child was not breathing and pulseless. EMS suctioned formula from her nose and mouth; there was no sign of injury to the body. The hospital Emergency Room physician stated at 6:53 PM, the child arrived in the hospital and efforts to revive the child failed.

The allegations of the 9/2/14 report were DOA/Fatality and IG of the child by the DC provider and director. The report alleged on 8/29/14, at the time the father picked up the child from the DC, the child was asleep in her car seat. When the father arrived home with the child he tried to wake her and found she was not breathing. She was transported to the hospital where she was pronounced dead soon after. The child's death was suspicious due to unknown threatening health issues for the child.

ACS staff interviewed the DC provider and director and obtained information through the New York City Department of Health and Mental Hygiene (DOHMH) regarding their investigation of the DC. ACS found the DC was licensed for 12 children, ages: six weeks to 12 years and four additional school-aged children: one caregiver for every two children. On 8/29/14, the DC director provided care of nine children, including the child and surviving sibling: seven children under two year's old, one three years old and one five years old. Subsequently, the DC's license was revoked due to several violations, which included being under staffed. ACS noted that although the father said the child was asleep at the time he picked her up from the DC, the director said the child became alert and returned to sleep. However, ACS did not clarify this discrepancy.

ACS' medical consultant reviewed the children's medical records and found the parents were compliant with appointments. On 7/9/14, the child last had well-child evaluation. On 9/18/14, the Specialist interviewed the sibling's physician who said on 8/6/14, the sibling last had medical evaluation and he was healthy. ACS noted the child's physician did not respond to requests for an interview.

On 10/31/14, ACS substantiated the allegation of IG of the child by the DC director on the basis that on 8/29/14, the director did not ensure the facility had the required number of staff. ACS unsubstantiated the allegation of DOA/Fatality and of IG by the provider as there was no credible evidence that the director and provider were responsible for the child's death.

On 12/31/14, ACS unsubstantiated the allegations of DOA/Fatality and IG of the child by the parents. ACS noted the parents provided a minimum degree of care to the children.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

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

**Comments:** The investigation adhered to previously approved protocols for joint 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 this local district.

## SCR Fatality Report Summary

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Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Female 1 Year(s)	Father Male 36 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Female 1 Year(s)	Father Male 36 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Female 1 Year(s)	Mother Female 27 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Female 1 Year(s)	Mother Female 27 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Female 1 Year(s)	Day Care Provider Female 33 Year(s)	Inadequate Guardianship	Substantiated
Deceased Child Female 1 Year(s)	Day Care Provider Female 22 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Female 1 Year(s)	Day Care Provider Female 22 Year(s)	Inadequate Guardianship	Unsubstantiated

## 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>The SCR Report source contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pediatrician</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:**

According to ACS' case record, the child's physician did not respond to the agency's request for an interview. However, ACS obtained and reviewed the child's medical records.

There was no documentation indicating ACS reviewed the day care logs.

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine

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

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## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

On 12/4/14, ACS informed the mother efforts were being made by the agency to locate bereavement counseling in close proximity to her home.

The sibling was referred to Early Intervention, no results of the referral were documented.

**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 surviving sibling was referred to Early Intervention (EI) services. In October 2014, the mother informed the

Specialist that she did not believe the sibling needed EI services. The Specialist provided the mother with contact information for bereavement counseling. ACS did not refer the sibling for child (play) therapy even though parents were concerned about his response to the child's death.

**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 bereavement counseling, but declined; they would receive counseling in the community.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	No
<b>Was there an open CPS case with this child at the time of death?</b>	No
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	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 family was not known to the SCR or ACS. The day care provider was not known as the subject of a report.

## Known CPS History Outside of NYS

The family had 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

## Preventive Services History

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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.

## Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
<b>Did the provider comply with discipline standards?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a Criminal History check conducted?</b> Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the State Central Register?</b> Date: 09/03/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the Staff Exclusion List?</b> 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 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