



**Report Identification Number: NY-16-061**

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

**Issue Date: 12/16/2016**

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 Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 06/24/2016  
**Initial Date OCFS Notified:** 06/24/2016

## Presenting Information

The report alleged that at approximately 3:30 AM, on 6/24/16, the mother fell asleep with the infant in bed with her. At 5:00 AM, the mother woke to find the infant warm to the touch, unresponsive and with blue lips. The infant was pronounced dead at the hospital at 9:02 AM. The infant had no previously diagnosed medical conditions. Both parents were caretakers to the infant at the time of her death.

## Executive Summary

The 1-month-old female subject child (SC) died on 6/24/16. As of 11/29/16, the OCFS NYCRO has not received a copy of the autopsy report.

The allegations of the 6/24/16 report were DOA/Fatality and IG, and MN of the SC by the SM. A subsequent report was registered on 6/24/16 with allegations of DOA/Fatality and IG by the SM and MA.

ACS learned that on the night of 6/23/16, the MA fed the SC at 9:00 PM. At 1:30 AM, the SM and MA were in the living room and she fed the SC again. The SM said that at 3:30 AM, she went into her bedroom with the SC and 5-year-old child. The 5-year-old child slept on the left side, the SC slept in the middle and the SM slept on the right side of the full size bed. The SC was placed on her side and faced the SM. The SC woke at 5:00 AM for feeding. The SM fed and burped the SC prior to placing her back in her bed. The SC and the SM fell asleep on the bed. At 8:02 AM, the MA woke the SM as she had to take her 8-year-old child to school and she wanted the SM to supervise her 2-year-old child. When she woke, the SM saw that the SC's lips were purple although the SC's body felt warm. The SM attempted to perform CPR, while the MA called 911.

On 6/27/16, an Initial Child Safety Conference was held and the SM agreed to accept PPRS in addition to bereavement counseling. ACS also ordered a bed for the 5-year-old child and requested a gate for the window as the window did not have a window guard. The SM agreed to register the 5-year-old child for school (September 2016). On 7/21/16, the SM and 5-year-old child were referred to PPRS.

On 6/28/16, LE informed ACS that the SC's cause of death would be ruled as natural cause. LE spoke with the ME and reported that there was no suspicion of abuse or trauma to the SC's body. LE stated that according to the ME, the SC's Dr. reported that the SC was born premature and had numerous medical conditions.

The 24-hour safety assessment was not completed in a timely manner as it was not completed until 6/27/16. During the investigation, ACS inappropriately completed eight safety assessments on 6/27/16, 6/28/16, 7/1/16 (two), 7/26/16 (two) and 8/19/16 (two). In the safety assessments dated 6/27/16, 6/28/16, 7/1/16, 7/26/16, and 8/19/16, ACS selected the Safety Decision which stated safety factors potentially placed the surviving sibling in immediate or impending danger of serious harm. However, the comments did not support the selected safety factors. The Investigation Conclusion Narrative did not reflect if allegations against the MA were addressed. ACS did not interview the 5-year-old child's service providers such as the speech therapist and OT.



On 8/19/16, ACS substantiated the allegation of IG by the SM. ACS documented there was credible evidence to support maltreatment. The SM reported that she was bed sharing with the SC prior to her death. SM said she was advised of the dangers of sleeping with the infant by hospital staff. SM said she was told on more than one occasion that this was unsafe. Despite being provided this information, the SM put the SC to sleep in her bed at the time of her passing.

ACS unsubstantiated the allegation of DOA/Fatality and IG by the SF and DOA/Fatality by the SM. ACS documented there was no credible evidence to support findings of maltreatment and abuse. According to the ME's report, there was no suspicion of abuse or maltreatment for the SC. The SF did not reside in the home and was not caring for the SC at the time of her death.

On 8/19/16 ACS substantiated the allegation of IG of the subsequent report by the SM. The determination was transcribed from the initial report. ACS Unsub the allegations of DOA/Fatality and IG by the MA and DOA/Fatality by the SM. The Investigation Conclusion Narrative did not reflect that the allegations against the MA were addressed by ACS. ACS incorrectly addressed the allegation for the father despite he was listed as having no role in the subsequent report.

## 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?** No

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

**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:**  
NA

## Required Actions Related to the Fatality



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

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 24-hour safety assessment was not completed in a timely manner as it was not completed until 6/27/16. The 24-hour safety assessment was also inadequate as the comments did not support the selected safety factors.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	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.
<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The Seven Day safety assessment completed on 7/1/16 was inadequate as the comments did not support the selected safety factors.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	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.
<b>Issue:</b>	Pre-Determination/Assessment of Current Safety/Risk
<b>Summary:</b>	The 8/19/16 safety assessment was inadequate as the comments did not support the selected safety factors.
<b>Legal Reference:</b>	18 NYCRR 432.2 (b)(3)(iii)(b)
<b>Action:</b>	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.
<b>Issue:</b>	Overall Completeness and Adequacy of Investigation
<b>Summary:</b>	The Investigation Conclusion Narrative of the subsequent report did not reflect the allegations against the MA were addressed. ACS addressed allegations for the SF despite him listed as having no role.
<b>Legal Reference:</b>	SSL 424(6); 18 NYCRR 432.2(b)(3)
<b>Action:</b>	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.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	Documentation did not reflect ACS interviewed the 5-year-old child's service providers such as the speech and OT. Diligent efforts were not made to contact and interview the source of both reports,



	and the EMS liaison.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	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:** 06/24/2016

**Time of Death:** 09:02 AM

**Time of fatal incident, if different than time of death:** 08:02 AM

**County where fatality incident occurred:**

BRONX

**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:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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

1

**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	Aunt/Uncle	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)



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

Deceased Child's Household	Other Child	No Role	Male	1 Year(s)
Deceased Child's Household	Other Child	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	34 Year(s)

## LDSS Response

On 6/24/16, the SM informed ACS the SC was born premature. The SM was fully aware of bed sharing with the SC; she said she was provided a video presentation of co-sleeping and Sudden Infant Death Syndrome (SIDS). The 5-year-old child was also born premature and had a medical procedure. The 5-year-old child received speech, occupational, and physical therapy services at his DC at Highbridge Community Center (HCC).

On 6/24/16, the attending Dr. informed ACS the possible causes of death may be co-sleeping, fever or infection. The Dr. said the SM and MA reported the SC had a fever prior to her death. The Dr. stated the cause was unclear.

The MA informed ACS on 6/23/16, she fed the SC at 9:00 PM. The MA, SM, and children were in the living room with the SC until 1:30 AM. The MA said the SM took the SC and 5-year-old child into the bedroom with her around 12:00 AM before she and the SC went to sleep at 1:30 AM. The MA also said the SC had lots of colds and vomited often, and on 6/24/16, the SC had a cold. On 6/24/16, the MA woke the SM up at about 8:02 AM as she had to drop her 8-year-old child to school because her babysitter was not picking up her calls. The MA said she heard the SM screaming and yelling so; she ran into the bedroom. She said that at 8:10 AM she called the ambulance and they arrived at about 8:20 AM. Prior to the ambulance arriving, she ran into the next door neighbor who came and attempted to perform CPR.

On 6/28/16, the father informed ACS he did not reside at the case address. The last time he saw the SC was 6/22/16 and she seemed healthy. He said the SC had a cold, but did not appear to be in pain or discomfort.

On 6/29/16, ACS obtained the SC's medical history. The SC had been seen by three Dr.'s at the hospital. During the 6/10/16 visit, the SC received immunizations and the SM stated the SC had episodes of choking; she reported the SC had mucous, nasal congestion. The SM also said the SC had a fever and she administered the SC Tylenol. ACS documentation of the medical record (MR) did not reflect the volume of Tylenol, how often this medication was provided, or if the Tylenol was for children. The MR indicated that the SC was born premature. The SC had intermittent heavy breathing when fed. Later, ACS visited the medical provider for the 5-year-old, 8-year-old and 1-year-old children.

The 5-year-old child's school reported that he had good attendance and there was no suspicion of abuse or maltreatment. The school said he received speech therapy twice a week and occupational therapy once a week.

On 7/1/16, a home visit occurred and ACS discussed Family Preservation Program (FPP) with the SM. The SM was interested in the program. SM declined homemaking services. The MA and her children were asleep at the time of the visit. On 7/18/16, a joint home visit occurred with ACS and FPP.

On 8/19/16, the FPP Closing Conference occurred. The conference notes reflected FPP received the case on 7/15/16. The service plan was follow-up with the 5-year-old child's educational needs, bereavement counseling for the SM and a referral for PPRS. The SM said she received support from her place of worship. During the conference, the mother spoke of needed repairs in the home. FPP contacted the landlord on the SM's behalf. The SM spoke about the home always having an odor of gas. The SM was advised to contact the utility company immediately. The documentation did not reflect any follow up regarding this issue.



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

On 11/9/16, the Family Service Progress Notes (FSPN) reflected that the SM signed for PPRS through New Alternatives for Children (NAC).

ACS supervision was inadequate as the Investigation Conclusion of the 6/24/16 subsequent report reflected the SF was addressed in the Investigation Conclusion Narrative (ICN) despite being listed as having no role in the subsequent report. The MA who was a subject was not addressed in the ICN. The ICN of the subsequent report was copied and pasted from the initial.

## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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 investigations.

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

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032121 - Deceased Child, Female, 1 Mons	032122 - Aunt/Uncle, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
032121 - Deceased Child, Female, 1 Mons	032124 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
032121 - Deceased Child, Female, 1 Mons	032124 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
032121 - Deceased Child, Female, 1 Mons	032128 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
032121 - Deceased Child, Female, 1 Mons	032122 - Aunt/Uncle, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
032121 - Deceased Child, Female, 1 Mons	032128 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities



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

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input checked="" 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"/>
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"/>

**Additional information:**

Documentation did not reflect that diligent efforts were made to contact the source of the two reports and the EMS liaison.

<b>Fatality Safety Assessment Activities</b>
--

	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------



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

<b>danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?</b>				
--	--	--	--	--

**Explain:**  
 The 24-hour safety assessment was not completed in a timely manner as it was not completed until 6/27/16. During the investigation, ACS inappropriately completed the 6/27/16 and 7/1/16 safety assessments. The comments did not support the safety factors.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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

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

Services	Provided After	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
NY-16-061			FINAL				



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

	Death	Refused	if Used	Offered	Unavailable		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Family Preservation Program (FPP)

**Additional information, if necessary:**  
 ACS ordered the window locks gate and a full size bed for the 5-year-old child. ACS provided FPP to SM and family. FPP ordered a bed for the 1-year-old child.

**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:**  
 FPP and PPRS was provided to the SM and 5-year-old child.

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

**Explain:**  
 Burial assistance was offered to the SM.

**History Prior to the Fatality**



Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

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

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

The SM, SF, and MA were not known to the SCR or ACS.

Known CPS History Outside of NYS

There was no known 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

**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