



**Report Identification Number: NY-15-057**

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

**Issue Date: 12/22/2015**

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.



**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-pulmonary 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 Supervision
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**



**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 07/18/2015  
**Initial Date OCFS Notified:** 07/18/2015

## Presenting Information

The 7/18/15 SCR report alleged that the infant was found unconscious and later pronounced dead. The father had been sleeping on the couch in the living room with the infant on top of him when the father found the infant unresponsive. The mother was asleep in the bedroom at the time of the incident.

## Executive Summary

The two-month-old male infant died on 7/18/15. According to the case record, the ME informed ACS there was no evidence of trauma pertaining to the infant's death. As of 12/9/15, NYCRO has not yet received the ME's report.

The allegations of the 7/18/15 report were DOA/Fatality and IG of the infant by the father.

ACS initiated the investigation on 7/18/15 and learned that on 7/18/15, at about 6:00 AM the father took the infant to the living room to feed him. The father fed the infant approximately five ounces of formula in a bottle. The father burped, and placed the infant on his(the father) left shoulder where the infant fell asleep. During the time the infant was on the father's shoulder, the father fell asleep on the sofa in the living room. The father remained asleep for about 30 minutes and when he woke, he observed the infant was not moving or breathing. The infant's body also felt cool. The mother was asleep in the bedroom. The father woke the mother and informed her about the infant's condition. The mother went to the living room, placed the infant on the couch, observed he was unresponsive, and she called 911. The father attempted to resuscitate the infant until FDNY and EMS responded. EMS transported the infant to the hospital where he was pronounced dead. The father admitted he drank three cups of wine, and the mother said she drank one glass of wine during the nighttime on 7/17/15. The mother terminated her relationship with the father after the death of the infant.

The ACS case record showed the infant had two additional half siblings from the father's previous relationship. These half siblings were ten and eleven years old and they resided with their mother. A five-year-old surviving half sibling who was in the home was asleep in her bed at the time of the incident. The mother admitted she had DV in the past with the father and stated that LE was called on one occasion. Documentation of the 7/20/15 interview did not reflect that the mother called LE. The father admitted he had DV in the past with the mother.

During a face-to-face contact which occurred on 7/20/15, the five-year-old half sibling informed ACS staff that her mother and the infant's father fought in her presence. She explained that she observed the father hold the mother on the floor, place his hands around the mother's neck and choke her. She could not recall when this incident occurred. The half sibling also described an incident in which she observed the parents had an argument, and during the argument the father pulled the mother's hair and the mother cried.

On 7/21/15, ACS filed an Article Ten Neglect Petition in the Kings County Family Court on behalf of the five-year-old half sibling, naming the father as the respondent. The five-year-old half sibling was released to the mother's care with court ordered supervision (COS). A full stay away order of protection (OOP) was issued against the father for the mother and half sibling. These parents submitted to a drug screen on 7/21/15 and the test result was negative for



drugs and alcohol.

ACS referred the family to preventive services with SCO-Family of Services Family Dynamics. The mother was involved in the development of the service plan. The mother received bereavement counseling for her and the half sibling, DV counseling and parenting classes. The father said his attorney referred him to a program but he refused to provide the ACS staff with the name and contact information.

As of 12/22/15, the investigation which began on 7/18/15 has not yet been completed.

## 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

NA

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 notes a consultation took place, but no details noted.

### Explain:

NA

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 7/20/15 safety assessment was inconsistent as ACS did not identify the safety factors which actually placed the surviving half sibling in immediate danger.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)



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

<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>	Failure to provide notice of report
<b>Summary:</b>	The Event List reflected that ACS did not provide the infant's parents with the Notice of Existence within the required seven-day timeframe of the receipt of the 7/18/15 report. The notices were completed in September 2015.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<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 Case Recording/Progress Notes
<b>Summary:</b>	The documentation reflected that there were notes that were not entered contemporaneously. For example, an event occurred on 7/21/15 but was not entered until 11/17/15.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (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.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 07/18/2015

**Time of Death:** 08:15 AM

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

**County where fatality incident occurred:**

KINGS

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

Yes

**Time of Call:**

07:28 AM

**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

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other



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

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

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**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	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)

### LDSS Response

During the investigation, ACS interviewed the infant’s parents and obtained relevant information from the LE, ME, MAs, father’s former spouse, five-year-old half sibling, and MU.

The documentation reflected the 911 call came in on 7/18/15 at 7:28 AM. On 7/18/15, LE informed ACS that the father said he went to sleep with the infant on his shoulder. The infant woke at about 6:00 AM. The father fed the infant and then fell asleep with the infant on his shoulder; he awoke and found the infant was unresponsive. The father performed CPR while calling the mother who was in another room. The mother called 911.

The mother said that on 7/17/15, she and the five-year-old half sibling returned home around 10:00 PM. Upon entering the home, she saw the father asleep on the sofa holding the infant and she took the infant. When the infant finished feeding she placed him in the bassinet/playpen to sleep. The parents began to cook and the mother checked the infant several times until she went to sleep. The infant was fine. The mother said during the time the parents prepared the meal they both drank wine. She said she drank one glass of wine. The father admitted he drank three cups of wine. The mother stated that she again fed the infant before she went to sleep. On 7/18/15, at about 6:00 AM, she was in the bedroom when the father called out from the living room. The mother said she was awakened at about 6:00 AM or 7:00AM by the father who said the infant was unconscious. She went to the living room and saw the father holding the infant. She took the infant from the father and observed the infant was nonresponsive. She called 911 and was instructed to perform CPR. She took the infant downstairs and while carrying him, the FD and EMS arrived and attempted to resuscitate the infant. The mother said she was hysterical and therefore, the father spoke with the dispatcher.

The father said that on 7/17/15, after bathing the infant he placed him face down on his left shoulder and lay down on the sofa. At about 10:00 PM, the mother and half sibling came home. The infant was placed to sleep in the bassinet. Everyone went to sleep around 2:00 AM on 7/18/15 and the infant was checked several times and at each instance the infant was fine. At about 6:00 AM, the infant awoke. The infant was fed and he fell asleep. The father said he was tired so he lay on the sofa placing the infant on his left shoulder again. The father said he awoke around 7:30 AM and found the infant was



not moving or breathing. He woke the mother and the 911 operator was contacted. Later, the father said when the mother came home she took the infant from him. He said that on 7/18/15, when the infant woke up, he fed and burped him. He had the infant resting on his chest once the infant fell asleep. The father said he had been asleep for about 30 minutes.

On 7/20/15, the five-year-old half sibling informed ACS that the mother and father fought in her presence. She said she observed the father hold the mother down on the floor and choke her. She did not know when this incident occurred. She stated the mother and father argued, the father pulled the mother's hair and the mother cried; the father would then leave the home and return later.

On 7/21/15, ACS filed an Article Ten Neglect Petition in Kings County Family Court. The father was named the respondent and the five-year-old half sibling was released to the mother's care with court ordered supervision (COS). A full stay away order of protection (OOP) was issued against the father for the mother and half sibling.

On 9/17/15, ACS spoke with the mother about safe sleep. The mother said that she and the father were aware the infant should sleep alone.

On 11/13/15, the school staff and Dr. were interviewed. The school staff said the half sibling was doing well and there were no attendance issues. The information from the Dr. showed the parents were compliant with visits.

As of 12/22/15, ACS had not made a determination.

### 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
021641 - Deceased Child, Male, 2 Mons	021722 - Father, Male, 34 Year(s)	DOA / Fatality	Pending
021641 - Deceased Child, Male, 2 Mons	021722 - Father, Male, 34 Year(s)	Inadequate Guardianship	Pending



CPS Fatality Casework/Investigative Activities

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

**Additional information:**

The ACS case record reflected there were events which occurred in July and August 2015 but were entered in CONNECTIONS in November 2015.

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 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"/>





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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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 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"/>
Explain as necessary: N/A				

## Legal Activity Related to the Fatality

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

Family Court                       Criminal Court                       Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/21/2015	There was not a fact finding	There was not a disposition



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

<b>Respondent:</b>	021722 Father Male 34 Year(s)
<b>Comments:</b>	On 7/21/15, an Article Ten Petition was filed in the Kings County Family Court naming the father as the respondent. The surviving five-year-old half sibling was released to the care of the mother with court ordered supervision (COS). A full stay away order of protection was issued for the mother and five-year-old half sibling.

**Have any Orders of Protection been issued? Yes**

<b>From:</b> 07/21/2015	<b>To:</b> 10/21/2015
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**Explain:**  
A full stay away OOP was issued against the deceased child's father for the mother and five-year-old half sibling.

**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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 family received preventive services. The mother agreed to services which included bereavement counseling, domestic violence counseling and parenting classes. The father said his attorney referred him to a program but he refused to provide the Specialist with the name and contact information.

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 family was referred for preventive services.

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

Explain:

Documentation reflected that ACS assisted with funeral expenses.

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? No

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 within three years prior to the fatality.



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

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

The mother was not known to the SCR or ACS. The father was known as a subject in one report dated 4/28/12. The allegations of the report were IG and PD/AM of the then nine-year-old male and seven-year-old female half siblings by their parents. The allegations were substantiated against the father and unsubstantiated against the half siblings' mother. The case was closed and the family was referred to community based services.

## 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

### 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.

### 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