



Report Identification Number: NY-15-065

Prepared by: New York City Regional Office

Issue Date: 4/11/2016

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
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		

Case Information



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

Jurisdiction: Bronx
Gender: Female

Date of Death: 08/21/2015
Initial Date OCFS Notified: 08/21/2015

Presenting Information

The 8/21/15 SCR report alleged that on the evening of 8/19/15, the mother smoked marijuana to the point of impairment while acting as the sole caretaker for the child. The report also alleged the mother lost control of the marijuana cigarette she was smoking, resulting in a fire igniting in the room in which the child was occupying. In a separate incident on 8/20/15 at 4:00 AM, the mother found the child in her crib unresponsive and not breathing. The mother did not seek medical care for the child for approximately one hour and forty-five minutes. The mother's failure to seek medical care for the child in a timely manner resulted in the child's death. The child was declared dead at the hospital at 9:57 AM on 8/21/15. The report stated that the grandmother, cousin and half sibling had unknown roles.

Executive Summary

This female child died on 8/21/15. The ME listed the cause of death as complications of smoke inhalation and the manner of death as accident (house fire due to parent falling asleep while smoking).

The 8/21/15 SCR report included the allegations DOA/Fatality, IG, LMC and PD/AM of the child by the mother.

According to ACS, on 8/19/15 the mother was at home with the child until she left the building at 8:18 PM and alerted LE at 8:20 PM that the apartment was on fire. When LE arrived at the apartment at 8:22 PM, the fire was extinguished and a neighbor exited the home with the child at 8:25 PM. The mother admitted to LE that she fell asleep with a lit cigarette and was unsure whether the child was in the crib before the flames prompted her to exit the apartment; leaving the child alone in the locked apartment.

The ACS staff interviewed the mother, relatives, LE, DHS, and ER staff. The ACS case record showed, EMS was called at 8:31 PM; they responded at 8:36 PM, and left the scene with the child and mother at 8:49 PM. Upon arrival at the hospital at 9:10 PM, the mother informed ER staff that she believed the child had suffered smoke inhalation and falsely said the fire was in another room. The child was medically cleared by ER staff and released to the mother at 10:17 PM. The MGM and MA were in the home when the mother returned to the apartment with the child. The mother said the child coughed a lot but seemed fine.

The mother said she fed the child a bottle of milk at 1:00 AM and then checked the child at 2:00 AM and 3:00 AM on 8/20/15. At about 4:00 AM she observed the child had no pulse and alerted the MGM and MA. The mother called 911, EMS responded at 5:54 AM, performed CPR on the child and left the scene with the mother and child at 5:57 AM. The child arrived at Bronx Lebanon Hospital ER, unconscious and in cardiac arrest at 5:59 AM. The child's condition was severe and she was transferred to Mt. Sinai Hospital on 8/20/15. The child was on a ventilator until she succumbed to her injuries and died.

The investigation revealed the mother and her two children shared a one-bedroom apartment in a Department of Homeless Services (DHS) family shelter with the MGM and MA since 2014. The child slept in a crib in the living room. The mother and the half-sibling also slept in the living room and MGM and MA shared the bedroom. The family was financially supported by the MGM and MA's income. The mother said she smoked marijuana daily and



used cocaine. The mother admitted she supervised the children while under the influence of marijuana but claimed she was able to function. The MGM and MA regularly supervised the children when the mother was unavailable.

The ACS staff observed and engaged the surviving half-sibling. Through a family arrangement, the half-sibling remained with the MGA until 8/22/15 when she began to reside with her father. The half sibling remained in her father's care and they resided out of New York State. This father planned to file for legal guardianship of the half sibling.

The mother refused bereavement, burial, and substance abuse services. The mother received residential mental health (MH) treatment, she was released on 10/19/15 and had a follow up appointment at Bronx Lebanon Hospital.

On 2/5/16, ACS substantiated the allegations of DOA/Fatality, IG, LMC, LS, PD/AM and S/D/S of the child by the mother on the basis of the mother's admission to "smoking marijuana prior to the fire starting" ACS noted that the mother fell asleep with a lit cigarette which caused the fire within the home. The mother created a substantial risk to the child which led to the cause of death. The final autopsy report listed the cause of death as complications of smoke inhalation.

ACS added to the report and substantiated the allegations of LS and S/D/S on the basis that the mother woke up from the smoke and then left the child in the apartment. The attending physician found the child's "brain was herniating."

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

N/A

Was the decision to close the case appropriate? 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:

N/A



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Required Actions Related to the Fatality

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

Issue:	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The SCR report date was 8/21/15 and the 24-hour Fatality Report was approved in CONNECTIONS on 8/27/15.
Legal Reference:	CPS Program Manual, VIII, B.1, page 2
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed

Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The 30-day Fatality Report was not approved in CONNECTIONS within 30 days of receipt of the 8/21/15 fatality report.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/21/2015

Time of Death: 09:57 AM

Date of fatal incident, if different than date of death: 08/20/2015

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

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

05:47 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



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Playing
 Other

Eating

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:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

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	No Role	Female	24 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	49 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)

LDSS Response

The ACS staff interviewed hospital staf, the mother, MGM, and half-sibling separately, on 8/21/15,

A reenactment of the incident scene was conducted by ACS staff and LE. ACS assessed that the mother provided a consistent explanation regarding the manner the fire probably started. The ACS staff observed burnt clothing, a plastic bin and papers on the floor. However, from the staff's observation, the mother did not provide a plausible explanation about the actions she took to remove the child to safety after she became aware of the fire.

ACS learned that during the interviews with LE on 8/19/15 and 8/21/15, the mother appeared to have been under the influence. The mother was unable to account for nearly two hours of time beginning from when she observed the child was pulseless to the time she called 911. According to LE, surveillance video was obtained from the shelter. The mother admitted in her statements that she had excluded event details from LE and ER staff due to her fear. The mother revealed she smoked marijuana and did not recall falling asleep while smoking the marijuana. The mother saw flames, she went out of the home forgetting the child, the door slammed and locked behind her. With the new information provided, LE had concerns for the safety of the half-sibling. The MGA, who lived in Nassau County, stated the half-sibling visited the MGA's home regularly. Therefore, following the child's death, the half sibling temporarily resided with the MGA.

The Specialist contacted the non-custodial father of the half-sibling. This father informed ACS he planned to retrieve his



child and return to his state of residency with the half-sibling. The mother agreed with this father's plan to seek guardianship of the half sibling.

The Nassau County staff conducted a wellness check of the half-sibling in the MGA's home. The environment was assessed and deemed appropriate for the half-sibling. The half-sibling did not have observable marks or bruises. After the half-sibling relocated to reside out of state with the father, a courtesy home assessment was conducted by the out of state LDSS staff. It was confirmed the half-sibling was safe, the home was appropriate and the half-sibling was enrolled in school.

Additionally, FDNY informed ACS staff there was no criminality. The fire was caused by the mother falling asleep with a lit cigarette; the investigation was pending further information from LE and the ADA.

The Specialist interviewed several pertinent collaterals who alleged there was an odor of marijuana smoke coming out of the mother's apartment, frequently. Additionally, a neighbor had observed the mother smoked marijuana within the common area of the building.

According to medical personnel, the mother's statement of events, the timeline and location of the child did not correspond with the child's injuries. The swelling of the child's brain was suggestive of smoke inhalation. The child's high chemical levels were indicative of the mother's report that the fire had burned a plastic storage bin near the child's crib.

The DHS staff stated the family became residents of the non 24-Hrs staffed facility due to a DV incident between the MGM and MGA. The DHS staff stated the fire was reported when the shelter staff was informed and they had concerns of the mother's parenting ability of the children as the children were frequently observed in the care of the MGM.

On 2/4/16, ACS opened the Family Services Stage (FSS) of the case. Although the mother refused the ACS offer for services, the agency maintained contact with the family members and the Youth and Family Services Child Protective agency in which the half sibling resides with her father.

As of 3/30/16, the case remains open in the FSS and the family continues to receive case management services.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.



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SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
019741 - Deceased Child, Female, 1 Yrs	019746 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated
019741 - Deceased Child, Female, 1 Yrs	019746 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
019741 - Deceased Child, Female, 1 Yrs	019746 - Mother, Female, 22 Year(s)	Lack of Medical Care	Substantiated
019741 - Deceased Child, Female, 1 Yrs	019746 - Mother, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
019741 - Deceased Child, Female, 1 Yrs	019746 - Mother, Female, 22 Year(s)	Lack of Supervision	Substantiated
019741 - Deceased Child, Female, 1 Yrs	019746 - Mother, Female, 22 Year(s)	Swelling / Dislocations / Sprains	Substantiated

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

ACS attempted to interview the MA however, the MGM denied ACS access to interview the MA citing the MA's health condition was fragile. The 24-hour report, 30-day report and the assessment were not submitted within the required timeframes.



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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving 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"/>

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
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				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:
 The half sibling relocated to reside with her father out of New York State. There are no surviving children in the mother's care. The mother agreed for the half-sibling's father to seek full custody of the half-sibling.

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



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Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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Additional information, if necessary:
 In October 2015, the mother voluntarily obtained mental health services with Bronx Lebanon Hospital. The case remains open for preventive services, including case management and casework counseling.

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 ACS investigation revealed the mother misused marijuana. As a result of this finding, the family arranged for the half sibling to reside with the MGA. The half-siblings' father retrieved the half-sibling from the MGA on 8/22/15 and they have been residing out of New York State. The father was in the process of seeking custody of the half-sibling. On 2/4/16, ACS opened the Family Services Stage of the case and the family received counseling and case management services

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

Explain:
 As of 3/29/16, the case remains open in the FSS stage for monitoring of the custody case.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was there an open CPS case with this child at the time of death?	Yes
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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/20/2015	4467 - Deceased Child, Female, 1 Years	4470 - Grandparent, Female, 49 Years	Internal Injuries	Unfounded	No
	4467 - Deceased Child, Female, 1 Years	4472 - Aunt/Uncle, Female, 24 Years	Internal Injuries	Unfounded	
	4467 - Deceased Child, Female, 1 Years	4469 - Mother, Female, 22 Years	Internal Injuries	Indicated	



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4467 - Deceased Child, Female, 1 Years	4469 - Mother, Female, 22 Years	Lack of Medical Care	Indicated
4467 - Deceased Child, Female, 1 Years	4469 - Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Indicated
4467 - Deceased Child, Female, 1 Years	4469 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated
4467 - Deceased Child, Female, 1 Years	4469 - Mother, Female, 22 Years	Lack of Supervision	Indicated
4467 - Deceased Child, Female, 1 Years	4469 - Mother, Female, 22 Years	Swelling / Dislocations / Sprains	Indicated
4467 - Deceased Child, Female, 1 Years	4470 - Grandparent, Female, 49 Years	Inadequate Guardianship	Unfounded
4467 - Deceased Child, Female, 1 Years	4470 - Grandparent, Female, 49 Years	Swelling / Dislocations / Sprains	Unfounded
4467 - Deceased Child, Female, 1 Years	4472 - Aunt/Uncle, Female, 24 Years	Inadequate Guardianship	Unfounded
4467 - Deceased Child, Female, 1 Years	4472 - Aunt/Uncle, Female, 24 Years	Swelling / Dislocations / Sprains	Unfounded

Report Summary:

The 8/20/15 report alleged on 8/19/15 at 9:00 PM, the mother brought the child to the hospital. There was a small fire next door to where they lived and she thought the child had smoke inhalation. The child was examined and medically discharged. On 8/20/15, the mother put the child to bed, checked the child at 2:00 AM and 3:00 AM and found the child was fine. At 6:00 AM, EMS was called to the home because the child was not breathing. EMS arrived, the child was unresponsive; however, they were able to revive her. The child was in the hospital Neonatal Intensive Care Unit with severe swelling to the brain. The mother, MGM and MA had no explanation about how the child sustained this injury.

Determination: Indicated **Date of Determination:** 11/27/2015

Basis for Determination:

ACS substantiated the allegations of II, IG and S/D/S of the child by the mother on the basis of credible evidence which showed on 8/19/15, there was a fire in the apartment caused by "smoking carelessness heat from cigarette." ACS added to the report and substantiated the allegations of LS, PD/AM and LMC of the child by the mother. ACS noted that the mother admitted she left the child behind during the fire, used marijuana the day of the incident and she provided discrepancies of the time when she found the child unresponsive.

The allegations of II, IG and S/D/S for the child by the MGM and MA were unsubstantiated. The MGM and MA were not home at the time of the incident.

OCFS Review Results:

The ACS staff initiated the investigation within the required timeframe. ACS obtained information from relevant collateral contacts. LE informed ACS there was a fire in the mother's apartment on 8/19/15. The official cause of the fire was due to the mother falling asleep while smoking a cigarette. The family had been residing in a shelter apartment since 3/21/14 and they received support services. The shelter staff had appropriately assisted the family. ACS staff observed the child in the hospital and on 8/21/15 the agency learned the child was declared brain dead. Later, the child was pronounced dead. ACS completed the required safety assessments for the surviving half sibling.

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



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

There was no known CPS history more than three years prior to the fatality.

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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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