



**Report Identification Number: NY-18-053**

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

**Issue Date: Nov 06, 2018**

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 12 day(s)

**Jurisdiction:** Richmond  
**Gender:** Female

**Date of Death:** 05/29/2018  
**Initial Date OCFS Notified:** 05/31/2018

## Presenting Information

On 5/26/18, the SM noticed the SC was not latching onto her breast so she pumped milk but the SC refused the bottle. The SC started to feel cold to the touch so the SM took the SC to the ER at Richmond University Medical Center (RUMC). At the hospital, the SC's vitals were taken and it was noted that her heartbeat was weak. She was placed on an Electroencephalography (EEG) and Intravenous (IV) drip. After three hours at the hospital, the SC's heartbeat stopped; CPR was performed and her heart began to beat again. She remained at RUMC until 5/28/18 and on 5/29/18 she was transferred to NYU Langone. The SC died at 2:00 PM on 5/29/18. The cause of death was unknown. The SC had no known medical condition and was considered an otherwise healthy infant. The report alleged DOA/fatality and IG by the parents.

## Executive Summary

On 5/31/18, the SCR registered a report regarding the death of a twelve-day-old female who fell ill while in the care of her parents and died three days after she was hospitalized. The allegations of the 5/31/18 report were DOA/fatality and IG of the SC by the parents. The ME had not determined the cause and manner of death at the time of the completion of this report. The parents have four SSs who ACS assessed as safe in the home where they remained.

ACS initiated the investigation within the mandated time frame and made contact with appropriate collaterals such as the Dr, LE and parents. ACS learned from the Dr. that the parents brought the SC into the Richmond University Medical Center ER on 5/26/18 at approximately 6:30 AM. According to the Dr., the parents reported the SC was not eating and felt cold to the touch. The SC was admitted to the Pediatric Intensive Care Unit where she remained for three days. On 5/29/18, the SC was transferred to New York University Langone Health where she died at 2:00 PM on the same day. RUMC reported the SC was stable and was transferred for a higher level of care. The Dr. from NYULH reported they were unable to complete tests because the SC died shortly after coming into their care.

LE reported there was no criminality found in the SC's death and on 6/28/18, they closed their case. The ME reported no signs of maltreatment or abuse were found on the SC; however, the final ME autopsy report is pending.

ACS interviewed the parents separately and their accounts were similar. They reported the SC had no complications at birth and she was deemed healthy; she breastfed only. On 5/24/18, the SC was taken to the pediatrician for her eight day checkup and she was given a Hepatitis B vaccine; the parents reported no change after the vaccine. The following day, the parents celebrated SC's birth with family and friends and the SC remained well. On 5/26/18, at 3:00 AM, the SC would not feed and began whimpering. She was put back to sleep in her bassinet and when she awoke at 6:00 AM she appeared yellow in color and cold; the parents took the SC to the ER via taxi.

ACS interviewed the four SSs and their accounts were similar. They reported the SM was the only person who fed the SC and they were not allowed to hold her. The SS reported no issues at home and that they were happy with the SC. The eleven-year-old sibling was having issues at school with her peers and she had disrespected her teachers. As a result an advocate case was initiated and the family engaged in counseling under the auspices of New York Foundling Agency (NYF). School staff reported to ACS that the SSs were on grade level including the eleven-year-old who displayed behavioral issues. ACS learned from their pediatrician that the SSs immunizations were up to date.

ACS had not yet determined this 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? 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:

- 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:

The CPS report had not yet been determined at the time this Fatality report was issued.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 05/29/2018

Time of Death: 02:00 PM

Date of fatal incident, if different than date of death:

05/26/2018

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

06:00 AM



County where fatality incident occurred: Richmond

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	12 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)

### LDSS Response

On 5/31/18, the SCR registered a report regarding the death of the twelve-day-old SC on 5/29/18. ACS responded by contacting RUMC, NYULH, LE, ME and the NYF agency on the same day.

On the same date, ACS interviewed the SF in their home and he expressed grief and anguish over the death of the SC. The parents confirmed the reported information and wanted to know the cause of death. Despite their religious beliefs, the parents allowed an autopsy to be performed on the SC in order to ensure the SSs were not exposed to anything contagious. The SM was interviewed with the assistance of a language line interpreter and the parent's accounts were consistent.

ACS interviewed the SSs during this home visit and the SSs said they were asleep the night the SC began to show symptoms of illness; however, they were aware the parents took the SC to the hospital. Later, they were told the SC would not be coming home.

On 6/5/18, ACS contacted the RUMC where the SC was born and the ER attending physician (AP) reported that the SC's medical record reflected there were no complications at the time of birth. The AP reported that on 5/24/18, the SC was given the Hepatitis B vaccine and there were no complications. On 5/25/18 the family and friends gathered in celebration of the SC's birth and the parents reported the SC was well. On 5/26/18, at approximately 6:30 AM the SC arrived at the



ER in respiratory distress. The parents reported the SC was not feeding and overnight she was breathing fast and she felt cold. The AP said the SC's condition was coded Sepsis as they suspected an infection had overwhelmed her system. The AP said the parents reported the ten-year-old SS had a cough and cold. According to the AP, all tests results were negative and there was no sign or abuse or neglect. The SC experienced heart failure, she responded to treatment and was stabilized; however, her urine level was low. The AP transferred the SC to NYUMC for a higher level of care on 5/29/18.

On 6/18/18, ACS interviewed the Dr. who transported the SC from RUMC to NYULH and ACS learned that the SC was transferred because the Dr. at RUMC felt the SC was a candidate for a heart and lung bypass. The Dr reported that initially their CT Scan reflected bleeding and they suspected traumatic injury; however, there was no completed battery of tests because the SC expired. The Dr. reported the SC died of respiratory failure, ischemic stress, and head bleed.

ACS contacted the NYF agency on 5/31 and 6/1 and learned from the staff that the family was engaged in counseling and never missed a session. They met four times in April and three times in May just prior to the incident and those sessions were geared toward relationship building. NYF is also assisting the parents with looking for a larger affordable apartment.

ACS made several attempts to interview the pediatrician; however, on 7/25/18 ACS received information from the family pediatrician that reflected the SSs were up to date with their immunizations. The school staff reported the SSs were being monitored closely for the effects of trauma caused by their sibling's death.

ACS offered bereavement services and the parents declined stating they receive support from their family and friends. The family continued to engage in counseling from the agency, two times per week. ACS offered bunk beds for the SSs but the parents declined due to lack of space. ACS made biweekly visits to the home and reported the home was always clean and had adequate food and accommodations. The SSs were happy and forthcoming with information.

LE reported they found no criminality and closed the investigation. ACS made contact with the office of the ME on four times in June and once each month to follow and was told the final report is pending.

ACS had not made a determination on the case when this report was issued.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

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

### Multidisciplinary Investigation/Review

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

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

**Comments:** The New York City region does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047955 - Deceased Child, Female, 12 Days	047957 - Father, Male, 43 Year(s)	DOA / Fatality	Pending



# Child Fatality Report

047955 - Deceased Child, Female, 12 Days	047957 - Father, Male, 43 Year(s)	Inadequate Guardianship	Pending
047955 - Deceased Child, Female, 12 Days	047956 - Mother, Male, 28 Year(s)	DOA / Fatality	Pending
047955 - Deceased Child, Female, 12 Days	047956 - Mother, Male, 28 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

ACS interviewed the appropriate collateral contacts to obtain information pertaining to the SC's death and the well being of the SS.

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

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

**Explain:**  
 The family had been receiving services from New York Foundling due to the eleven-year-old SSs behavior displayed in school. They family continued to engage in those services.

**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 or 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The SSs were deemed safe by ACS and remained in the care of their parents.

**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**



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Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 parents were offered assistance from ACS to find a larger size apartment; however, they declined. The family did allow NYF to assist them in finding a larger apartment.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No**

**Explain:**  
 ACS referred the family for bereavement counseling; however, the parents declined stating they receive support through their religious affiliation. The 11-year-old SS continues to receive PPRS services which predated the death of the SC.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**  
 ACS referred the family for bereavement counseling; however, the parents declined stating they receive support through their religious affiliation.

## 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 in NYS within three years prior to the fatality.

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

There was no known CPS history prior to the 5/31/18 report.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 04/09/2018

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine



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<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The family began advocate services with the New York Foundling on 4/9/18. The school made the referral for services because the eleven-year-old SS had been disrespectful to teachers and cursed and argued with classmates. The parents became frustrated because the school had been contacting them due to this behavior which she did not display at home.

### Preventive Services History

The family began advocate services with the New York Foundling (NYF) on 4/9/18. The school made the referral for services because the SS had been cursing, disrespectful to the teacher, and argued with classmates. The parents became frustrated because the school had been contacting them due to this behavior. The parents denied that the eleven-year-old was displaying such behaviors at home. The parents and all siblings engaged in preventive services for children twice weekly and the parents received case management services and casework counseling. The eleven-year-old SS's is on a waiting list for another school because she has had many conflicts with her peers. Services are on going.

### 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

### Additional Local District Comments

### 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