



Report Identification Number: NY-15-071

Prepared by: New York City Regional Office

Issue Date: 4/8/2016

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



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 09/12/2015
Initial Date OCFS Notified: 09/12/2015

Presenting Information

The 9/12/15 Initial SCR report alleged that the 5-month-old infant, an otherwise healthy child, went into cardiac arrest and died at the home. The infant was in the care of the father and grandmother. The infant had no preexisting health concerns. No further details were known at this time. A 1-year-old sibling was in the home at the time. The sibling had bruises on her left flank and back area and was wearing a wet sagging diaper. The bruises were black, purple and dime sized. The bruises appeared to be recent as they had no yellow color to them. The father and grandmother had no explanation for the bruises. The mother had an unknown role.

The 9/12/15 Subsequent SCR report alleged that the infant was found unresponsive in the home. The infant passed away at an unknown time of cardiac arrest. The parents and grandmother had no explanation as to the circumstances surrounding the infant's death. The infant was an otherwise healthy child. The sibling had an unknown role.

Executive Summary

This 5-month-old male SC died on 9/12/15. The ME determined the cause and manner of the SC's death as undetermined.

The allegations of the 9/12/15 reports were DOA/Fatality and IG of the SC by the BF, BM and MGGM and the allegations of LS, L/B/W and IG of the SS by the BF and MGGM. The MGGM who was the subject of the report did not reside in the home.

According to ACS, the SC had no preexisting medical conditions. On 7/30/15, the SC had a well-child visit and there were no medical concerns.

The parents were the sole caretakers of the SC and SS. The BM worked during the day and the BM worked at night. ACS interviewed the parents separately and the parents' account of the events were correlated. The parents reported the SC was healthy and playful. The BM said the SC awoke on 9/12/15 at approximately 4:00 AM, was given a pacifier and returned to sleep. Around 7:00 AM, the SC awoke and was fed formula. The BF arrived home at 7:50 AM and turned on the air conditioner. The SC was in the playpen. The BF noticed vomit on the sheets and changed them before he took a nap. The BM left for work at 8:30 AM. Shortly thereafter, the BF picked up the crying infant, placed the SC face down horizontally on a diaper mat, at the head of the twin bed against a wall with a receiving blanket on the top of the SC and a pacifier in his mouth. The BF and SS lay vertically on the same twin bed with the SC. The BF said the SC and the SS went to sleep at 9:30 AM. They all slept undisturbed until approximately 4:30 PM when the BF awoke and observed that the SC appeared to be purple. It was unclear if the BF was aware of the dangers of co-sleeping.

The BF attempted CPR and did not alert the MGGM (non-subject) or the MA, who were in the home, of the SC's distress. The BF called 911 and performed CPR on the SC until EMS arrived. EMS responded to the home at 5:42 PM. EMS observed the SC was unresponsive and transported the SC and SS in separate ambulances. EMS continued CPR on the SC until the ambulance arrived at the Staten Island University Hospital at 6:01 PM. The BM was escorted to the hospital by LE. ER staff continued CPR on the SC; however, the SC remained unresponsive until he was



pronounced dead at 6:45 PM by the attending Dr.

ACS staff observed the parents shared a room with the SC and SS. The parents and SS shared a twin bed and the SC slept in a playpen. ACS staff observed only blankets in the playpen. The Specialist observed there were no window guards, radiator covers, toddler bed or stair gate. There was exposed wiring, wood and uncovered electrical outlets in the home. ACS staff observed and inquired about a mark on the back of the SS's lower right leg. The BM stated the SS was burned by the uncovered radiator. The parents told the Specialist they did not seek medical attention but did apply a remedy to the injury. There were safety concerns for the SS related to the hazardous living environment. Following the SC's death, the parents relocated and reside with relatives in another home.

On 9/14/15, ACS opened the Family Service Stage and provided the family with preventive services. ACS offered bereavement, burial, day care, parenting, DV and housing services. The parents declined parenting and DV services. ACS referred the family to the Seamen's Society for Children preventive agency and a joint visit was conducted on 10/15/15.

On 9/15/15, ACS sought Family Court intervention to request Court Ordered Supervision of the family. The Family Court Legal Services deferred the case pending receipt of the final autopsy report.

On 3/29/16, ACS indicated the report. The allegations of LS was added for the SC by the BF. ACS substantiated the allegation of LS and IG of the SC and SS by the BF on the basis that he shared a twin bed with the children, the sleeping arrangement was inappropriate and placed the SC at risk of harm, and the BF left the SS unsupervised for about six hours. All other allegations by the subjects were unsubstantiated

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? 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



NYS Office of Children and Family Services - Child Fatality Report

the consultation.

Explain:

The FSS stage was opened for preventive services on 9/14/15.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
Summary:	During the investigation of the 9/12/15 report, ACS did not provided a notice of exisitance to the subject MGGM of the report.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
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:	Face-to-Face Interview (Subject/Family)
Summary:	During the investigation, there was no documentation of a face-to-face interview of the subject MGGM, although she did not reside in the home.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(a)
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:	Failure to Provide Notice of Indication
Summary:	The report was indicated on 3/29/16. There was no documentation that the subject MGGM and BM were provided a notice of indication.
Legal Reference:	18 NYCRR 432.2(f)(3)(xi)
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:	Adequacy of case recording
Summary:	A 9/23/15 progress note stated the subject MGGM did not resided in the home. The address of the subject MGGM was not updated in the CONNX case record.
Legal Reference:	18 NYCRR 428.5(c)
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: 09/12/2015

Time of Death: 06:45 PM

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

County where fatality incident occurred:

RICHMOND

Was 911 or local emergency number called?

Yes

Time of Call:

05:35 PM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- ☑ 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

2

At time of incident supervisor was:

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

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Table with 5 columns: Household, Relationship, Role, Gender, Age. Rows include Deceased Child's Household, Father, Grandparent, Mother, Other Child, Sibling.



NYS Office of Children and Family Services - Child Fatality Report

Other Household 1	Other Adult	No Role	Female	22 Year(s)
Other Household 1	Other Child	No Role	Female	5 Year(s)
Other Household 2	Grandparent	Alleged Perpetrator	Female	58 Year(s)

LDSS Response

On 9/12/15, ACS staff interviewed EMS personnel who responded to the 911 call who confirmed the MGGM and the MA were combative and unaware of the SC's condition. A previously dispatched EMS was denied access to the home by the MGGM. EMS gained access to the home and located the SC on the second level of the home where they observed the BF on the floor performing CPR on the unresponsive SC. Upon exiting, EMS crew member observed the BM, who had left her job and arrived at the home.

The ER staff performed a medical investigation of the surviving sibling (SS) and determined the SS was healthy and no concerns were noted. The ER staff indicated the SC came in with EMS in cardiac arrest, unresponsive and appeared "dusky in color." CPR was continued until the attending Dr. pronounced the SC dead. ER staff documented there were no signs upon physical examination that suggested abuse or maltreatment.

According to the ME, there were no suspicious trauma or injuries of the SC and the autopsy was pending further studies.

According to the medical record, the SC was last seen by a Dr. on 7/30/15 when the SC received immunizations. The SC was healthy with no concerns regarding the care provided by the parents.

During the separate ACS interviews on 9/12/15, the BM said she received safe sleep education at the hospital of the infant's birth. The BM said prior to the SC's death; he had fed well and was playful. Both parents stated it was an uncommon practice to co-sleep with the SC and it was rare for the SC and SS to sleep for long periods of time. The BF's telephone log showed a call was made to the BM at 5:20 PM and 911 at 5:34 PM. On 9/14/15, ACS interviewed the MGGM and MA. Although both were home, each said the parents kept to themselves due to a strained family relationship. The MGGM and MA reported no concerns regarding the quality of care provided to the children by the parents.

According to LE, the BF, MGGM who resided in the home and MA were escorted to the precinct to be interviewed and the BM was escorted to the hospital. The LE stated that there was no evidence of suspicious behavior that may have led to the SC's death. The blanket and the bedding that belonged to the SC were taken by LE. LE reported there were no signs of trauma or criminality observed.

On 9/12/15, ACS conducted a home visit and assessed the SC's and SS's living environment. The parents shared a small room with the children. The parents and SS slept on a twin bed and the SC slept in a playpen. ACS observed only a blanket in the playpen. Due to the unsafe living environment for the SS the family relocated to the home of a relative. An assessment of the relative's home was conducted by ACS staff on 9/14/15 and ACS deemed the relative's home appropriate and observed the family had adequate provisions to maintain the safety of the SS.

On 9/23/15, the subject MGGM, who was interviewed by telephone, stated she did not reside at the case address nor was she present at the time of the incident. The subject MGGM reported having no concerns regarding the care the SC and SS received by the parents.

ACS offered bereavement, burial, day care, parenting, DV and housing services. The BM engaged in services; however, the BF declined all offers of services offered by ACS. ACS referred the family to PPRS and a joint home visit was



NYS Office of Children and Family Services - Child Fatality Report

conducted on 10/15/15. The family was last visited by PPRS agency on 3/2/16.

ACS documented the BM and SS were visited in the relative's home on 1/14/16 and learned the parents had separated.

On 3/29/16, ACS indicated the report but unsubstantiated the allegations of both reports as they pertained to the MGGM who did not reside in the home and did not have any child caring responsibilities for the SC or the SS.

Official Manner and Cause of Death

Official Manner: Undetermined

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

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.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
020381 - Deceased Child, Male, 5 Mons	027122 - Grandparent, Female, 58 Year(s)	Inadequate Guardianship	Unsubstantiated
020381 - Deceased Child, Male, 5 Mons	023562 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
020381 - Deceased Child, Male, 5 Mons	027122 - Grandparent, Female, 58 Year(s)	DOA / Fatality	Unsubstantiated
020381 - Deceased Child, Male, 5 Mons	027121 - Father, Male, 28 Year(s)	Lack of Supervision	Substantiated
020381 - Deceased Child, Male, 5 Mons	027121 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
020381 - Deceased Child, Male, 5 Mons	023562 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
020381 - Deceased Child, Male, 5 Mons	027121 - Father, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
022824 - Sibling, Female, 1 Year(s)	027122 - Grandparent, Female, 58 Year(s)	Inadequate Guardianship	Unsubstantiated
022824 - Sibling, Female, 1 Year(s)	027121 - Father, Male, 28 Year(s)	Lacerations / Bruises /	Unsubstantiated



NYS Office of Children and Family Services - Child Fatality Report

		Welts	
022824 - Sibling, Female, 1 Year(s)	027122 - Grandparent, Female, 58 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
022824 - Sibling, Female, 1 Year(s)	027121 - Father, Male, 28 Year(s)	Lack of Supervision	Substantiated
022824 - Sibling, Female, 1 Year(s)	027121 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
022824 - Sibling, Female, 1 Year(s)	027122 - Grandparent, Female, 58 Year(s)	Lack of Supervision	Unsubstantiated

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

Additional information:

The 30-Day Child Fatality Summary was approved on 11/18/15 and 30-Day Child Fatality Safety Assessment was approved on 10/21/15. No attempt made for a face to face interview with the subject MGGM

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:				



NYS Office of Children and Family Services - Child Fatality 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 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:

There was no removal of the surviving sibling who was in the parent's household.



NYS Office of Children and Family Services - Child Fatality Report

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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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:

ACS referred the family to PPRS. Later, the father declined service participation.

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 mother accepted the offer for PPRS. The family received case management and referrals for housing and child care.

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



Explain:

The mother received casework counseling, case management and housing services.

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.

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

The parents and the subject MGGM were not known as the subject of SCR reports.

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

Between 5/9/11 and 10/2/12, the infant's 5-year-old surviving half-sibling received preventive services. On 5/16/11, ACS filed an Article Ten Neglect petition in the Richmond County Family Court on behalf of the half-sibling, naming the half-sibling's mother as the respondent. The allegations included IG of the half-sibling by her mother. The half-sibling was released to her mother with Court Ordered Services under the supervision of ACS. The half-sibling's family received case management, day care, Early Intervention and housing services. The Court Ordered Supervision ended on 9/13/12.

On 9/28/15, ACS opened the Family Services Stage and provided the family with immediate supervision and monitoring. On 10/20/15, the preventive services ended after ACS conducted a protective removal of the half-sibling.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

As a result of an Article Ten Neglect petition, on 10/20/15, the half-sibling was remanded to the care of ACS. The half-sibling was placed in a kinship foster home. The father requested and the Family Court denied the release of the half-sibling to him due to the open fatality investigation and his lack of housing.

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