



**Report Identification Number: NY-15-092**

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

**Issue Date: 4/25/2016**

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**

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

**Case Information**



**Report Type:** Child Deceased  
**Age:** 5 day(s)

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 11/14/2015  
**Initial Date OCFS Notified:** 11/14/2015

## Presenting Information

The 11/14/15 SCR report alleged the mother breastfed her one week old infant. At one point, the mother fell asleep and rolled over her infant son who became unresponsive. The infant had suffocated and died. The roles of the infant's two half-siblings were unknown.

## Executive Summary

The newborn died on 11/14/15. The allegations of the 11/14/15 report were DOA/Fatality and IG of the infant by the mother.

The ME's preliminary report stated the manner of infant's death was accidental and the cause was suffocation as a result of bed sharing. The toxicology findings were pending. NYCRO has not yet received the ME's report.

According to the ACS case record, the infant was born full term with no complications via caesarean in NY Presbyterian. The infant had no pre-existing medical conditions. The infant was last seen alive by the mother while being breast fed in the mother's bed at approximately 4:30 AM. The mother awoke at approximately 6:00 AM and found the infant was latched onto the breast and unresponsive. The mother called 911. She received coaching from the operator to perform CPR on the infant. EMS arrived and found the infant in full cardiac arrest.

The Specialist contacted the mother and conducted a home visit to assess the infant's living environment. There were no concerns related to safety of the half-siblings. The mother decided to temporarily relocate with the half-siblings to the maternal grandparent's (MGP's) home.

The investigation revealed no evidence that the mother had a history of substance abuse or criminal activity. It was unclear if the mother received safe feeding or safe sleep education upon discharge from the hospital. ACS offered bereavement services and burial assistance and the mother declined the offered services.

During the investigation, ACS gathered pertinent information about the circumstances surrounding the infant's death and the care the mother provided to the half-siblings by observing the family's home, accounts from the mother, MGM, LE, ER and school staff. The Specialist made attempts to follow up on the mother's consent to release medical information for the infant and the half-siblings, her mental health condition and prescribed medications, however, the mother was unavailable for contact. The Specialist mailed a list of providers for bereavement services to the mother's home on 3/16/16.

ACS has not yet completed the investigation.

## 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?** Unable to Determine
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

**Determination:**

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** 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:**

As of 4/13/16, ACS has yet to complete the investigation.

**Was the decision to close the case appropriate?** Unknown

**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:**

As of 4/13/16, ACS has yet to complete the investigation.

**Required Actions Related to the Fatality**

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

<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	During the investigation of the SCR report dated 11/14/15 alleging DOA/Fatality of the newborn. Although identified, there was no documentation of ACS' attempt to contact and interview the infant's father.
<b>Legal Reference:</b>	18 NYCRR 432.1 (b)(3)(ii)(a)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	The SCR report dated 11/14/15 alleged DOA/Fatality of the newborn. A Notice of Existence (NOE) was to be provided within 7 days of the report. However, the fathers of the infant and half-siblings were provided a NOE by mail on 3/29/16.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency will



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	take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 24-Hour Safety Assessment was approved on 11/16/15. Safety decision #3 and safety factor #16 were not indicative of the circumstances of the surviving half-siblings. There were no safety concerns identified for the half-siblings.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The SCR report date was 11/14/15. A 7-Day Safety Assessment was not completed.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	During the review, ACS did not obtain the request for the release of medical information from the mother. Therefore, the medical and clinical providers for and half-siblings were not contacted to obtain information.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Diligence of Efforts
<b>Summary:</b>	During the investigation of the SCR report dated 11/14/15 alleging DOA/Fatality of the newborn. Although identified, there was no documented diligent efforts by ACS to conduct a database search, attempt to contact and interview the newborn's father.
<b>Legal Reference:</b>	NYCRR 430.12D
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Required data and official documents



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<b>Summary:</b>	ACS progress note stated the infant's medical records were obtained the from the hospital. However, the mother's signature for the release of such information was not obtained.
<b>Legal Reference:</b>	428.3(b)(2)(i)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took 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:** 11/14/2015

**Time of Death:** 07:27 AM

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

**County where fatality incident occurred:**

New York

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

Yes

**Time of Call:**

06:27 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:**

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working           | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing  | <input checked="" type="checkbox"/> Eating | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other    |  |   |

**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:**

- |   |   |
|---|---|
| <input type="checkbox"/> Drug Impaired          | <input type="checkbox"/> Absent                         |
| <input type="checkbox"/> Alcohol Impaired       | <input checked="" type="checkbox"/> Asleep              |
| <input type="checkbox"/> Distracted             | <input checked="" type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> Other: Throwing up and in pain |

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
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Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Other Household 1	Grandparent	No Role	Female	61 Year(s)
Other Household 2	Father	No Role	Male	39 Year(s)

## LDSS Response

ACS staff learned when LE arrived, EMS was present and took over CPR from the mother. LE escorted the mother, half-siblings and MGM to the hospital. Photos of the home were taken and a re-enactment was conducted with the mother and ME. LE interviewed the half-siblings at the Manhattan Child Advocacy Center and no disclosure was made. LE stated the half-siblings appeared well cared for with adequate clothing and provisions. The children stated the mother was happy when she brought the infant home. No criminal or suspicious behaviors were observed by LE and no arrests were made.

An EMS unit was dispatched at 6:27 AM and arrived to the home at 6:31 AM. EMS observed the pulseless infant lying on a table in living room with the mother performing CPR as instructed by a 911 dispatcher on the phone. EMS performed an assessment; intubation was attempted, twice, both were unsuccessful. EMS left the home via ambulance with the infant at 6:42 AM and arrived at the hospital at 6:47 AM; without change in the infant's status.

According to the ME, there were no significant findings that suggested abuse or maltreatment of the infant. There were no suspicious injuries, marks or bruises observed on the infant's body. The autopsy report was pending the toxicology results.

On 11/14/15, the Specialist made a visit to the mother's home and observed the home was adequately furnished with sufficient provisions for the infant and half-siblings. The sleeping arrangements were adequate for the half-siblings who shared a room and a bassinet was seen in the mother's room. The Specialist observed working appliances in place, windows guards, and working smoke /carbon monoxide detectors. No safety concerns noted. The children were not observed. The mother explained the half-siblings were at the MGP's home. During the interview, the mother's and MGM's statement of events correlated. The mother was ill on 11/13/15 and the MGM spent the night. The infant woke up at 4:30 AM; was picked up by the MGM from the bassinet and brought to the mother's bedside. The infant was placed on a pillow to be fed from the mother's left breast. The mother and MGM fell asleep for approximately 90 minutes, on the bed. The mother woke up and observed the infant was unresponsive.

The mother and half-siblings temporarily relocated to the MGP's home after the death of infant. The Specialist made a home visit to the MGP's home on 11/14/16 and established face to face contact with the MGM, mother, and half-siblings. The Specialist assessed the home and observed the two-floor private home had adequate sleeping arrangements, plenty of provisions and was deemed safe for the half-siblings. The children were observed as clean, well groomed and free of suspicious marks/bruises or injuries. The half-siblings were not in immediate or impending danger.

ACS staff obtained ER medical record and noted that CPR was continued by ER staff. The infant was intubated at 6:55 AM. Resuscitative attempts continued; however, the infant had no vital signs and was pronounced dead by the attending physician at 7:27 AM. Hospital staff stated the infant was born healthy without complications via Caesarian. The infant was discharged to the mother's care from Columbia Presbyterian Hospital on 11/12/15.

On 11/24/15, the Specialist made initial visits to both half-siblings' schools. School staff stated the half-siblings attend





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school regularly, were dressed appropriately and performed well academically. Follow-up school visits were made on 1/15/16 to assess the safety and wellbeing of the half-siblings. The half-siblings appeared to be well cared for and healthy. School staff had no concerns regarding the mother's care of the half-siblings.

On 11/24/15, the mother declined services. During the investigation, attempts were made on 12/7/15, 12/10/15 and 1/13/16 to engage the mother, however, the mother remained unavailable for contact. A list of bereavement services were mailed to the mother's home on 3/16/16.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

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

### Multidisciplinary Investigation/Review

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

**Comments:** The investigation adhered to previously approved protocols for joint 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
022381 - Deceased Child, Male, 5 Days	022382 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending
022381 - Deceased Child, Male, 5 Days	022382 - Mother, Female, 36 Year(s)	DOA / Fatality	Pending

### CPS Fatality Casework/Investigative Activities

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





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All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The ACS staff did not obtain the mother's signature to request for the release of medical information of the infant or half-siblings during the initial interview. On 12/7/15, 12/10/15 and 1/13/16 the mother declined to be available to ACS staff.

**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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 The SCR report of the alleged DOA/Fatality was dated 11/14/15. The 24-Hour Safety Assessment was approved on 11/16/15 and the 7-Day Safety Assessment was not completed.



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## Fatality Risk Assessment / Risk Assessment Profile

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

## Legal Activity Related to the Fatality

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



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Mental health services	<input type="checkbox"/>	<input checked="" 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 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 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:**

The mother and a half-sibling were engaged in mental health services prior to the fatality. The mother consented for the eight-year-old half-sibling to engage in bereavement services in school. The mother utilized family resources and temporarily relocated with the half-siblings to the home of the MGP's.

**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:**

Counseling was offered to the family including the half-siblings. The mother declined services offered by ACS. The half-siblings received services in the school and in the community.

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

**Explain:**

Counseling services were offered to the mother. The mother declined services offered by ACS. The mother stated she received mental health services in the community prior to the fatality.

## 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 half-siblings were known in a report dated 1/3/12. The allegations were of IG and L/B/W of the half-siblings by their father. The report alleged that the father forcefully struck the seven-year-old on the back, with a belt, for unknown reasons. The half-sibling sustained a red mark as a result. The four-year-old was present during the incident, but was unharmed. The mother had an unknown role.

On 1/6/12, ACS staff interviewed the mother and half-siblings in the home. ACS addressed the allegations of the report. ACS' staff observed a mark on the back of the seven-year-old child. The child said the mark was sustained from falling on a tooth paste case after the father had slapped him in the face with force. ACS did not observe suspicious marks or bruises on the four-year-old. The mother reported that the father used physical discipline with the seven-year-old. The mother indicated in 2010, the father hit the seven-year-old child with a belt that left marks. The mother stated that she addressed the issue with the father, but he continued to physically discipline the child.

On 2/29/16, ACS substantiated the allegations of IG and L/B/W against the father. The CPS found the child to be credible regarding the father cursing at the child and using corporal punishment to discipline the child.

There was no documentation the father was offered or engaged in services.

Known CPS History Outside of NYS

The family had 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**

Prior to the 1/3/12 reported allegations, a Family Service Stage (FSS) was opened as an ADVPO. The mother had voluntarily enrolled in preventive services on 7/18/11. Services ended and the FSS was closed on 5/8/12 after the goals were achieved by the family. The mother and half-siblings received family, individual and DV counseling services through Children's Aid Society and Family Peace Program.

**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

**Additional Local District Comments**

N/A

**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