

Report Identification Number: NY-16-116

Prepared by: New York City Regional Office

Issue Date: May 30, 2017

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	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased

Jurisdiction: Office Of Special Investigations

Date of Death: 11/10/2016

Age: 4 month(s)

Gender: Male

Initial Date OCFS Notified: 11/14/2016

Presenting Information

The 11/14/16 report alleged that on 11/10/16, the 4-month-old infant was at daycare. The daycare assistant fed the infant a bottle at 5:00 PM, and then placed him in a bouncy seat. The daycare assistant (DCP1) and daycare assistant (DCP2) noticed the infant was coughing, suffocating and going limp. The infant was an otherwise healthy child that expired on 11/10/16.

Executive Summary

The 4-month-old female child (SC) died on 11/10/16. As of 5/1/17, NYCRO has not received the autopsy report.

The allegations of the 11/14/16 report were DOA/Fatality and IG of the SC by the day care providers (DCP2 and DCP3). ACS added to the report the allegations of DOA/Fatality and IG of the SC by the DCP1.

The parents stated they dropped off the SC at the usual time around 10:00 AM on 11/10/16, and he was fine. The three DCPs said the SC had a cough. The DCP3 said on 11/10/16 at about 5:30 PM, the DCP2 asked her to assist with getting the SC ready in the room. The DCP3 went into the sleep room and began to tidy the cribs. She took the SC out of his bouncy seat in the sleep room and transferred him to the crib so she could prepare for him to go in his car seat. The DCP3 did not notice the SC was limp until she attempted to move him from the crib to the car seat. The DCP3 said she alerted the DCP1 and DCP2 and the DCP2 administered CPR. The SC vomited what seemed to be spoiled milk, exhaled and then became limp again. The DCP1 then began CPR, and the DCP1's daughter went down from upstairs and called 911.

The alleged subjects described the SC as having been ill with a cough, but the parents said there was nothing wrong with the SC. The DCP2 said the week prior to 4/10/16, the SC had been coughing and was congested as well, and when she gave him his last bottle at 4:00 PM, he did not finish it which was unusual. The DCP2 said the SC became lethargic and that was when she put him in the bouncy seat to rest.

The documentation reflected the three daycare staff said the SC had a feeding of 3 ounces at 4:00 PM, returned to sleep and was placed in a bouncy seat in the sleep room. At about 5:30 PM, the DCP3 picked up the SC from the bouncy seat without looking at him thoroughly and placed him in the portable crib, so she could get his car seat ready. The DCP3 said when she picked him up a few moments later from the crib to place in the car seat, she observed the SC was limp.

The documentation reflected that the DC was licensed to serve 12 children ages 6 weeks to 12 years and 4 additional school age children.

On 11/15/16, the Department of Health (DOH) Complaint Coordinator (CC) said the reported DC was closed by DOH on 11/14/16. It was determined that the program was suspended and their license was revoked. The CC indicated that the violation they were cited with was IG as it was determined that the SC was left in a back room unattended and not in the line of sight.



On 11/17/16, ACS informed the ME that the BM contacted ACS on 11/16/16 with concerns related to the mark on the infant brought to her attention by the funeral director. The ME said the photograph of the SC was received and had previously checked under the SC's scalp, and there was no injury. This mark did not correlate with the SC's death and may have occurred after the SC expired. The ME found no evidence of physical trauma/abuse to the SC. Later, the ME said there was nothing suspicious, and it was suspected there was likely correlation to unsafe sleep, but the results were not finalized.

The documentation reflected that the family no longer utilized the DC for their children and the BM left her employment.

The CONNECTIONS Event List did not reflect that the BM, BF, and the DCP1, who ACS added as a subject, were provided with the Notice of Existence. The Event List also did not reflect that the BM was notified of the determination.

On 1/13/17, ACS Sub the allegations of DOA/Fatality and IG of the SC by the three DCPs. ACS based the determination on the SC expiring on 11/10/16 while in Lil Stars Day Care which was being operated by the DCP1 and while under the supervision of DCP3 and DCP2. The SC was out of the line of sight for a duration of time which was a violation under the DOH regulations. In addition, such action failed to meet a reasonable standard of care for the SC which placed the SC in imminent danger

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination?

N/A

Determination:

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

Yes, sufficient information was gathered to determine all allegations.

Yes

Was the decision to close the case appropriate?

Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?

Yes

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

Explain:

NA

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:	The CONNECTIONS Event List did not reflect that the BM, BF, and the DCP1, who ACS added as a subject, were provided with the Notice of Existence.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	ACS must submit a performance improvement 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 Event List did not reflect that the BM was notified of the determination.
Legal Reference:	18 NYCRR 432.2(f)(3)(xi)
Action:	ACS must submit a performance improvement 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:	Contact/Information From Reporting/Collateral Source
Summary:	The documentation did not reflect family members were interviewed nor the children in the home. The two older siblings were engaged but not interviewed by ACS. The ACS case record did not reflect whether ACS interviewed ER personnel.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	ACS must submit a performance improvement 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: 11/10/2016

Time of Death: 06:02 PM

Time of fatal incident, if different than time of death: 05:00 PM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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: SC was in a bouncy seat.

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

Is the caretaker listed in the Household Composition? No

If the child was in day care at the time of the fatality, was the day care program duly licensed or registered? Yes

Licensing/Registering Agency: New York City Department of Health

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	Male	4 Month(s)
Deceased Child's Household	Father	No Role	Male	44 Year(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	47 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	29 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	40 Year(s)

LDSS Response

On 11/14/16, ACS interviewed the NYC Department of Health (DOH) staff who said the DOH became aware of the fatality since 11/11/16. ACS requested information be forwarded and interviews of the DC staff were obtained.

On 11/14/16, the BF said, prior to the incident involving the fatality, there were no concerns with the DC. The DC was located through a family friend who had used the provider. He and the BM researched reviews and believed everything was alright. The BM denied the SC had medical issues. She said the SC had a recent Dr. examination and she had provided documentation to the DC. The BM did not know why the media reported the SC had pneumonia. The parents said the SC had his 4-month immunizations the week prior to 11/14/16 and the SC was fine. The parents denied the SC had a cough or seemed lethargic. The SC slept and ate well on a regular basis. The parents said on the day the SC died they dropped him off at the usual time around 10:00 AM, and he was fine. ACS inquired whether the 1-year-old sibling, who had attended the DC, had any issues and both parents stated no. Later, ACS asked the BM if she had presented the daycare staff with any medication as they had indicated there was nasal spray in the SC's bag and then administer the nasal spray. The BM said she did not have this conversation and she explained that the SC was not on medication. The documentation reflected the SC was medically seen on 10/24/16. He was prescribed medication.



On 11/15/16, LE said the alleged subjects were interviewed and their statements seemed consistent with the incident being non-criminal. Later, LE obtained video surveillance, but could not see much on it. LE was unable to see staff performing CPR nor could tell if the SC was alive. LE noted the accounts of the three DCPS consistent with what they had communicated to ACS, but there was a discrepancy in regard to DCP3 noticing the SC being limp. LE was informed by staff that the DCP3 saw the SC was limp when she took him out of the bouncy seat, but staff informed ACS that the DCP3 saw the SC was limp when she picked him up from the crib to place him in his car seat after taking him out of the bouncy seat. The documentation reflected that the sleep room was the only room not under camera surveillance; all other rooms had camera surveillance. ACS documentation did not reflect the reason the sleep room was the only room not under camera surveillance.

A staff person where the SC’s primary medical provider was located said the SC was seen on 10/24/16 and was diagnosed a well child.

On 11/16/16, ACS re-interviewed the three DCPs. The DCPs said the DCP1’s daughter called 911 immediately upon them finding the SC unresponsive. The DCP3 said she often smelled cigarette smoke on the SC’s parents. She said the BF’s car and BF had a marijuana odor. The DCP3 previously mentioned on 11/14/16 that she saw a maggot in the 1-year-old child’s diaper and took a photo, and sent it to ACS. She said she told the DCP1 about the maggot, but neither informed the parents nor stated that they did not tell them as they felt the parents would ignore the information and blame them.

On 11/16/16, the hospital social worker (SW) informed ACS that the SC tested positive for a medical condition. The SW explained that while it was similar to the common cold it could be fatal if it developed into a respiratory infection especially in an infant. The SW also said the Dr. was concerned with daycare staff DCP2 informing EMS that she had attempted CPR for almost an hour before calling 911.

On the same day, ACS contacted the BM and informed her the Dr. at the hospital confirmed that the SC had a medical condition and advised her to have the 1-year-old sibling seen by his medical provider. ACS also contacted the parents of the children that attended the DC and inquired if they had concerns and advised them to contact their Dr. to rule out medical issues. The parents did not have concerns regarding the DC.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

Comments: There is no OCFS approved Child Fatality Review Team in NYC.

SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036681 - Deceased Child, Male, 4 Mons	036687 - Day Care Provider, Female, 47 Year(s)	Inadequate Guardianship	Substantiated
036681 - Deceased Child, Male, 4 Mons	036688 - Day Care Provider, Female, 29 Year(s)	DOA / Fatality	Substantiated
036681 - Deceased Child, Male, 4 Mons	036689 - Day Care Provider, Female, 40 Year(s)	DOA / Fatality	Substantiated
036681 - Deceased Child, Male, 4 Mons	036687 - Day Care Provider, Female, 47 Year(s)	DOA / Fatality	Substantiated
036681 - Deceased Child, Male, 4 Mons	036688 - Day Care Provider, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
036681 - Deceased Child, Male, 4 Mons	036689 - Day Care Provider, Female, 40 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<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 documentation did not reflect family members nor the children in the home were interviewed. The two older siblings were engaged but not interviewed by ACS. The ER personnel were not interviewed.



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



foster care at any time during this fatality investigation?				
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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: PPRS

Additional information, if necessary:

On 12/8/16, the BM said she did not believe the family could commit to PPRS and would prefer a more informal referral for counseling.

The family was referred to a Community Based Organization and the Calvary Hospital for group therapy bereavement



counseling as well as the Jewish Board of Family and Children's Services (JBFCS) agency for individual bereavement counseling.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
The family was referred to a Community Based Organization and Calvary Hospital for group therapy bereavement counseling as well as the Jewish Board of Family and Children's Services (JBFCS) for individual bereavement counseling.

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

Explain:
The family was referred to a Community Based Organization and Calvary Hospital for group therapy bereavement counseling, and the Jewish Board of Family and Children's Services (JBFCS) agency for individual bereavement counseling.

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

DCP1 was known to the SCR and ACS as subject in one report dated 7/9/10. The allegations of the report were IG and L/B/W of the now 7-year-old child (then 1 year old) by the DCP1. ACS completed safety assessments on 7/14/10 and 9/7/10. On 9/7/10, ACS Unsub the allegations.

The DCP2, DCP3, and SC were not known to the SCR or ACS as a subject.

The SC's 13-year-old female half sibling and 10-year-old female half sibling (who were then 9 years and 6 years old, respectively) were known to the SCR and ACS in one report dated 4/11/13. The allegations of the report were IG and LS by the BM and step-father. ACS completed two safety assessments on 4/16/13 and 6/10/13; a RAP was also completed. On 6/10/13, ACS Unsub the allegations. ACS opened a Family Service Stage (FSS) on 6/17/13. The documentation reflected that the case remained open to ensure the BM made an appointment with a service provider. The FSS was closed on 7/3/13.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

The documentation reflected that the family became involved in Advocates Preventive Only (ADVPO) due to the now 13-year-old child (who was then 5 years old) being a victim of SA by her paternal aunt. An FSS was opened on 4/15/09 and was closed on 9/29/09.

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date: 11/15/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No