



Report Identification Number: NY-15-014

Prepared by: New York City Regional Office

Issue Date: 8/7/2015

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	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 02/09/2015
Initial Date OCFS Notified: 02/09/2015

Presenting Information

The SCR report alleged that at 10:00 P.M. on 2/8/15, the parents went to sleep with the two-month-old infant in their bed. According to the report, the BM got up at 1:15 A.M. to get a drink and when she returned to the bedroom she noticed the BF's arm over the two-month-old infant's mouth. According to the report, the infant was unresponsive and deceased. The report alleged the death was the result of the parents co-sleeping with the infant.

Executive Summary

At approximately 10:30 PM on 2/8/15, the parents and SC were laying in bed; the SC was on her back, between them. The three-year-old surviving sibling was in his bed and the four-year-old was in another room with her MA. The BF told the BM he was tired and wanted to sleep so he could awaken early for work the next day. The BM left the BF and SC laying on the bed and went to prepare formula for the SC's next feeding. While in the kitchen the MGM's paramour came home with food which he shared with the MGM and BM.

The BM returned to her room approximately 1:15 AM and noticed the BF's arm on the SC's face and nose; there was blood on the SC's nose. The BM removed the BF's arm but the SC remained unresponsive. She awakened the BF and performed CPR. The BM then ran downstairs and asked the MGM to call for assistance. The MGM called for assistance and also performed CPR on the SC. The police arrived approximately ten minutes later and the EMS ambulance arrived shortly thereafter. The EMS technicians attempted to revive the SC. She was transported to Elmhurst Hospital where she was pronounced dead at 2:05 AM. The BM denied any alcohol or drug use the night of the incident.

On 2/9/15, ACS' Instant Response Team Coordinator contacted the PO and the attending Dr. who reported the SC's death was not suspicious. The Dr. stated the SC was a well child with no signs of trauma and no suspicion of abuse or neglect. The PO stated the death appeared to be an accident and no arrest was planned. On the same date, the ME informed ACS the SC had been well nourished with no evidence of trauma.

Also on 2/9/15, ACS visited the case address. The BF stated he had been in the bedroom all day with the BM and SC watching television and he wanted to go to sleep because he needed to awaken early for work. The three-year-old surviving sibling was in his own twin sized bed and the father said he turned to his side of the bed and slept as the BM and three-year-old continued to watch television. The BF stated he was awakened at 1:15 AM by the mother who was screaming that he "killed their daughter." The BF reported the BM said his arm was on the SC's face. The BF denied drug and alcohol use on the night of the incident; however, he added that the MGM's paramour had given him a small glass of wine following the incident.

The Specialist interviewed the MGM who stated her paramour arrived home from work at midnight with food while the BM was downstairs getting hot water for the SC's formula and that the BM stayed and ate with them before returning to her room upstairs. The MGM said the BM went upstairs and returned screaming because the SC was unresponsive. The MGM told the Specialist she called for assistance and within ten minutes the police arrived and approximately two minutes later EMS arrived.



On 2/9/15, the Specialist interviewed and assessed the two surviving siblings and the MGM's children and there were no safety concerns.

On 2/11/15, an unrelated male adult who resides in the home was interviewed but he was working at the time of the incident.

Between 2/12/15 and 6/9/15 ACS made appropriate collateral contacts, obtained drug screenings and referred the parents, MGM and her paramour for services. The BM and MGM submitted to drug screenings, the results of which were negative. The BF and the MGM's paramour test results were positive for drugs. They were referred for outpatient drug and alcohol services. ACS' Family Preservation Program (FPP) was put in the home in addition to other services.

At the time of the completion of this report, ACS did not receive the final autopsy report for this fatality.

On 6/9/15, ACS substantiated the allegations of the report against the parents, however; for the DOA/Fatality allegation ACS did not provide a definitive explanation or rationale to support the substantiation against each parent.

The case remains open for services.

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?** No
 - **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:

Was the decision to close the case appropriate? N/A

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

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

Case determined but remained open for CPS.



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Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	While the 24-Hour Report was completed and the surviving siblings and family members were all interviewed and assessed within 24 hours, the safety assessment instrument dated 2/9/15 was not approved until 2/11/15.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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:	Appropriateness of allegation determination
Summary:	ACS substantiated the DOA/Fatality against the parents, however; the determination narrative only mentions the BF's actions. There is no explanation of how the actions or inactions of the parents caused the death of the SC.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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: 02/09/2015

Time of Death: 02:05 AM

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

County where fatality incident occurred:

QUEENS

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? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown



Other

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

How long before incident was the child last seen by caretaker? 2 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	19 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	15 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	10 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	14 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	42 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)

LDSS Response

On 2/9/15, ACS' Instant Response Team Coordinator contacted the PO and the attending Dr. who reported the SC's death was not suspicious. The Dr. stated there were no signs of trauma and no suspicion of abuse or neglect. The PO stated the death appeared to be an accident and no arrest was planned.

On 2/9/15, the Specialist visited the case address. The BM explained that on the night of 2/8/15, she, the BF and SC were laying in bed and. The BF wanted to go to sleep because he had to leave early for work the next morning. The BM went downstairs to prepare the SC's bottle and had a meal with the MGM and her paramour who had returned from work. The BM returned to her bedroom at 1:15 AM and noticed the BF's hand was on the SC's face. She awakened the BF, began CPR on the SC, and ran downstairs to the MGM who took the SC from her and called 911. The PO arrived ten minutes after call and the EMS ambulance a few moments after the police. The SC was transported to Elmhurst Hospital where she was pronounced dead at 2:05 AM.

The BF was interviewed and stated he had been in the bedroom with the BM and SC watching television but needed to



awaken early for work. He explained he turned to his side of the bed and slept. The SC was laying between the BF and BM when he fell asleep. The BF said he was awakened at 1:15 AM by the mother screaming that he "killed their daughter." The BF said the BM told him his arm was on the SC's face. The BF denied alcohol use, however; he added the MGM's paramour had given him a small glass of wine on 2/9/15 following the incident. ACS documented the BF was approximately 5'1" and weighed 145 lbs. and the BM was approximately 5'1" and weighed 166 lbs.

The Specialist interviewed the MGM who confirmed the BM's statements. The MGM added the BM went upstairs and ran downstairs screaming because the SC was unresponsive. The MGM's paramour called for assistance and within ten minutes the PO arrived and approximately two minutes later EMS arrived. The Specialist interviewed and assessed the surviving siblings and the MGM's children and there were no safety concerns for the children.

The MGM's 19 year old daughter who was awake stated that she heard the BM screaming and crying because the SC was not breathing and that the BM and MGM provided CPR while the MGM's paramour called 911. ACS questioned the 19-year-old about alcohol use by the parents and she denied seeing them drink, however; she stated the MGM's paramour drank alcoholic beverages. On the same date, the remaining three children of the MGM were interviewed and assessed as healthy; none of the MGM's children exhibited any indications of neglect or abuse.

On 2/10/15, ACS held a child safety conference with the parents, MGM and the MGM's paramour. ACS discussed concerns about alcohol use in the home and inadequate sleeping arrangements. ACS recommended bereavement counseling and the FPP program. The BM and MGM submitted to drug screenings and were negative. The BF tested positive for marijuana and the MGM's paramour tested positive for marijuana and cocaine.

Between 2/12/15 and 6/9/15, ACS made collateral contacts, obtained drug screenings and referred the BM, BF, MGM and her paramour for services. The BF and MGM's paramour were referred for outpatient drug services.

At the time of the completion of this report, ACS did not receive the final autopsy report for this fatality.

On 6/9/15, ACS substantiated all of the allegations of the report against the parents and the case remains open for services. ACS determined there was credible evidence to substantiate the allegations against the parents; however, ACS did not provide a rationale for substantiating the allegation of DOA/Fatality against the mother. The narrative did not provide an explanation of the BM's role in the death of the SC. Additionally, ACS substantiated the DOA/Fatality allegation against the BF but did not provide a definitive explanation or rationale to support the substantiation.

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



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Comments: There is no OCFS approved CFRT in the New York City Region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
018681 - Deceased Child, Female, 2 Mons	018682 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
018681 - Deceased Child, Female, 2 Mons	018682 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
018681 - Deceased Child, Female, 2 Mons	018683 - Father, Male, 22 Year(s)	DOA / Fatality	Substantiated
018681 - Deceased Child, Female, 2 Mons	018683 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
018681 - Deceased Child, Female, 2 Mons	018683 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
018684 - Sibling, Female, 4 Year(s)	018683 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
018684 - Sibling, Female, 4 Year(s)	018682 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
018685 - Sibling, Male, 3 Year(s)	018683 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
018685 - Sibling, Male, 3 Year(s)	018682 - Mother, Female, 21 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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"/>



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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:

On 2/11/15, ACS interviewed an unrelated male adult who rents a room in the home. ACS documented the unrelated adult works during the hours the incident occurred and was not in the home the night of the incident.

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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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



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investigation?				
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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 ACS has implemented FPP for the parents and children and early intervention for the three-year-old surviving sibling. The BF engaged in a program for his alcohol and drug misuse. The MGM's family has received services with SCO beginning in 2/15 in addition to drug treatment because of alcohol and drug misuse by the BF and MGM's paramour.
 D/V for BM's previous relationship, not from the BF.

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:
 Bereavement services, FPP and early intervention.

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

Explain:
 FPP services, bereavement services and drug outreach services were provided to the family following 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 fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

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 mother was known to the SCR and to ACS as a child in a report dated 6/15/10. The mother was not known to the SCR or to ACS as the subject in any reports prior to the fatality report.

Known CPS History Outside of NYS

The family has no CPS history outside of New York State.

Services Open at the Time of the Fatality

Required Action(s)

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

- Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

Action:	OCFS is recommending that ACS review with the Supervisory Team the CONNECTIONS Step-by-Step Guide: Training for CPS Workers (rev 3/1/07) page 204, which addresses Safety Assessments, and the need to have safety assessments submitted and approved within the required time frames.
Action:	OCFS is recommending that supervisors review with Specialists the 13-OCFS-ADM-02 entitled Safe Sleeping of Children in Child Welfare Cases. Additionally, it is recommended that the ACS supervisory team involved with this report review 10-OCFS_LCM-15, Guidance for CPS Investigations of Infant Fatalities and Injuries Involving Unsafe Sleeping Conditions, and 13-OCFS LCM-01, Investigation and Determination of Sleep Related Fatality and Injury CPS Reports, which introduces a new section of the CPS Program Manual that provides detailed guidance for CPS workers on conducting investigations and making determinations when there are sleep-related fatalities and injuries.

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