



Report Identification Number: NY-15-063

Prepared by: New York City Regional Office

Issue Date: 3/25/2016

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

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

Case Information



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Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 08/18/2015
Initial Date OCFS Notified: 08/18/2015

Presenting Information

On 8/18/15, the SCR registered three reports regarding the death of the SC. The initial SCR report alleged that EMS arrived at the BF's home at 11:00 A.M. and the SC was found unresponsive. The report also alleged the adults in the home were the BF and the PGM and it was unknown why the call for 911 was delayed until 11:00 A.M. The EMS ambulance arrived at Elmhurst Hospital at 11:19 A.M. where the SC was pronounced DOA. The report stated the SC had no visible injuries or preexisting medical condition. The allegations of the report were DOA/Fatality, MN, and IG of the SC by the parents.

The two subsequent reports alleged DOA/Fatality and IG of the SC by the BF and the PGM; however the third SCR report was consolidated into the second SCR report.

Executive Summary

On 8/18/15, the SCR registered three reports regarding the death of this one month old female SC. According to the narrative of the report, it was alleged the SC had been co-sleeping with her BF on the parent's twin size bed. The BM had fed and placed the SC into her bassinet on the morning of 8/18/15 and the BM left the home for work. The BF removed the SC, placed her on the bed with him in a prone position then fell asleep and when the BF awoke the SC was unresponsive. The SC was pronounced dead at 11:26 AM on 8/18/15 at the hospital where she was transported by EMS. The allegations of the reports were DOA/Fatality, LMC and IG against the parents and DOA/Fatality and IG by the PGM and PGF. ACS later added IG of the SC by two PU's.

ACS' Queens Field Office (QFO) conducted the investigation and made contact with the family on the same day the report was received. The accounts provided by the parents and family members were consistent throughout the investigation. ACS also assessed a surviving female half sibling who was deemed safe with her mother.

On 10/16/15, ACS substantiated the allegation of IG by the BF citing that he exercised poor judgment in placing the SC on the bed with him in a prone position despite being informed of safe sleep procedures at the hospital where the SC was born. The allegations DOA/Fatality, LMC and IG were unsubstantiated against the BM and other family members because they did not have caretaking responsibility of the SC at the time of the incident.

ACS initiated the investigation within the mandated time frame and made contact with the appropriate collaterals.

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?** 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? 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:

The parents have no other children in their home.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/18/2015

Time of Death: 11:26 AM

County where fatality incident occurred: QUEENS

Was 911 or local emergency number called? Yes

Time of Call: 10:52 AM

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

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

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At time of incident supervisor was: Not impaired.



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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	Male	33 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	37 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	33 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	37 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	46 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Other Household 1	Other Child	No Role	Female	2 Year(s)

LDSS Response

On 8/18/15, ACS initiated the investigation in a timely manner. The ACS Specialist interviewed by telephone the EMS technician (EMT) who responded to the emergency call. The EMT stated the call was received at 10:52 AM and that the PGM and BF were at the home when the ambulance arrived. The BF told the EMT he had placed the SC on the bed with him and that he routinely cared for the SC when the BM went to work. The BF also said he later found the SC unresponsive and tried to perform CPR and asked the PGM to call 911. The EMT transported the SC to Elmhurst Hospital where she was pronounced DOA at 11:26 AM by the attending physician.

The Specialist then visited the SC's family at the case address and interviewed the parents, PGM, PGF, and a PA. The parents outlined the events of the day prior to the SC's death. The BM was interviewed privately and stated the SC was born healthy and on the morning of the incident she fed the SC between 8:00 AM and 8:05 AM placed the SC into her bassinet then left for work at 9:05 AM. The BF provided an account consistent with what he told the EMT. The PGM stated she saw the BM place the SC in the bassinet before she went to work. The PGM also went to work and received a telephone call from the BF stating the SC was not responsive and she called 911 and left her job. There is no documentation as to why the BF did not call 911. The PGM and PA did not have information about the incident and both stated the SC slept a lot after she was fed. The parents share a private home with the BF's family and have their own bedroom.

The Specialist also spoke with the responding LE officer who arrived at the case address at 10:55 AM. The EMT ambulance was already there with the BF and PGM. The BF told LE he placed the SC on the bed with him and went to sleep until he awoke at 10:40 AM to find her unresponsive and he attempted CPR until the EMT's arrived.

On the same date, the Specialist visited the home of the surviving two-year-old surviving female half sibling from a previous relationship. The MGGM informed ACS the BM of the child was not home during this visit but informed the



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Specialist the BF was a "good person." The surviving half sibling was observed with the MGGM; ACS documented there were no indications of neglect or maltreatment.

On 8/19/15, the parents were interviewed in the ACS field office and both denied drug or alcohol use and agreed to a drug screening which was negative for both parents. ACS conducted a criminal history search for the parents and neither has any type of record. The Specialist also contacted the ME who informed ACS there was no trauma to the SC.

Between 8/21/15 and 10/16/2015 ACS made contacts with collaterals. On 8/21/15, ACS contacted LE by telephone and was told the death was deemed accidental and no criminal charges would be filed. On 8/31/15, the Specialist visited the day care center of the surviving half sibling and interviewed the two PU's who both stated they had never taken care of the SC and stay in their own bedrooms when they are not working. On 10/13/15, ACS visited the surviving half sibling's home and observed the child with her mother. The child was assessed as neatly dressed and clean without any safety or risk concerns.

On 10/18/15, ACS substantiated the allegation of IG against the BF from the 08/18/15 SCR reports stating he exercised poor judgment by co-sleeping with the SC. ACS unsubstantiated the allegation DOA/Fatality of the SC by the BF stating the BF did not intentionally cause the SC's death.

ACS unsubstantiated all of the other allegations of the 8/18/15 SCR reports against the parents and the paternal family members citing the BM was not home at the time of the incident and the BF's family members were not responsible for the care of the SC.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: There is no MDT in the New York City region.

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

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
019581 - Deceased Child, Female, 1 Mons	019585 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
019581 - Deceased Child, Female, 1 Mons	019585 - Mother, Female, 29 Year(s)	Lack of Medical Care	Unsubstantiated



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019581 - Deceased Child, Female, 1 Mons	019582 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
019581 - Deceased Child, Female, 1 Mons	019582 - Father, Male, 25 Year(s)	Lack of Medical Care	Unsubstantiated
019581 - Deceased Child, Female, 1 Mons	019585 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated
019581 - Deceased Child, Female, 1 Mons	019582 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
019581 - Deceased Child, Female, 1 Mons	024783 - Grandparent, Male, 42 Year(s)	Inadequate Guardianship	Unsubstantiated
019581 - Deceased Child, Female, 1 Mons	024781 - Grandparent, Female, 46 Year(s)	DOA / Fatality	Unsubstantiated
019581 - Deceased Child, Female, 1 Mons	024781 - Grandparent, Female, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
019581 - Deceased Child, Female, 1 Mons	024783 - Grandparent, Male, 42 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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



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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Additional information, if necessary:

The parents have no other children in common. The BF has a child, the surviving female half sibling, by a prior relationship who resides with her mother.

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

Explain:

There are no surviving siblings or minors in the home of the parents. The surviving three year old female half sibling resides with her mother and stepfather and ACS determined she was safe with her parents. The surviving half sibling was not aware of the SC and had not seen the child prior to the child's death.

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

Explain:

The BF is engaged in parenting skills with the Forestdale Fathering Institute. The BM and BF declined 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



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There is no CPS investigative history within three years prior to the fatality.

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

This family had no CPS history prior to the fatality.

Known CPS History Outside of NYS

There is no CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 06/17/2015

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

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

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)



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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?

Family Court Criminal Court Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)		
Date Filed:	Fact Finding Description:	Disposition Description:
06/17/2015	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	The mother of the surviving female half sibling filed a custody petition in Queens Family Court in 6/17/15. On 10/8/15, a settlement conference was held and Queens Family Court granted the BF a temporary order of visitation with the surviving half sibling.	

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