

**Report Identification Number: NY-16-098**

**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  
**Age:** 3 month(s)

**Jurisdiction:** Richmond  
**Gender:** Male

**Date of Death:** 01/06/2013  
**Initial Date OCFS Notified:** 09/13/2016

## Presenting Information

The 9/13/16 report alleged that two years ago, the infant, who was then 3 months old, was in the SM's care. The infant passed away unexpectedly in the home while in the SM's care. It was unknown what the cause of death was for the infant. This infant had no pre-existing medical conditions, therefore the cause of death was suspicious. The SM was physically abusive towards her other children (the 5-year-old and 2-year-old). The SM punched the 5-year-old and 2-year-old on their mouths repeatedly. It was unknown if these children sustained injuries. The 5-year-old had four cavities and had complained for three months that her teeth were hurting. The SM was aware of this and had failed to seek medical care for the 5-year-old. The SM left the 5-year-old and 2-year-old children unsupervised on an ongoing basis for long periods of time. The SM left the door open or unlocked for anyone to walk into the home. The 5-year-old cooked food for the 2-year-old and SM.

## Executive Summary

The 3-month-old male child (SC) died on 1/6/13. The autopsy listed the cause of death as Undetermined and the manner of death as Undetermined.

The allegations of the 9/13/16 report were DOA/Fatality and IG of the SC and IG, LMC, LS, and IF/C/S of the 5-year-old child, and LS, IG, and IF/C/S of the 2-year-old child by the SM. ACS added to the 9/13/16 report the allegation of IF/C/S of both children by the SM.

The SCR previously registered a report concerning the SC's death on 1/6/13. OCFS issued the fatality report NY-13-001 pertaining to the SC's death. In the NY-13-001 fatality report, NYCRO identified discrepancies and listed citations pertaining to timeliness of determination, and timeliness and adequacy of seven-day and 24-hour safety assessments. ACS provided a performance improvement plan that addressed the identified citations.

During the 9/13/16 investigation, ACS staff interviewed the SM about the circumstances of the SC's death. The SM expressed reluctance to discuss the SC's death. The SM said the SC was a sudden infant death syndrome (SIDS) baby. She said she did not do anything wrong as the SC's death was not her fault. She stated she had complied with ACS and the other agency's requests. She told ACS that she did not want to talk about the fatality. The SM declined ACS offer for services.

On 9/27/16 and 10/2/16 subsequent reports were registered with the SCR. The allegations of the 9/27/16 report were IG of the 2-year-old child by the SM, and the allegations of the 10/2/16 were IG of the 2-year-old and 5-year-old children by the SM. ACS closed both reports as Duplicates and consolidated them into the 9/13/16 investigation.

On 10/3/16, a child safety conference (CSC) occurred. On the same day ACS filed an Article Ten Neglect petition on behalf of the two children naming the SM as the respondent. A remand of the two children was granted by the Richmond County Family Court (RCFC).

CONNECTIONS reflected that the children's dental care was current as of 12/20/16.

The 7-Day safety assessment for the 9/13/16 investigation was not completed in a timely manner as it was not completed until 10/17/16. The Investigation Conclusion Narrative did not reflect that ACS addressed the allegation of IG regarding the SC as IG was addressed only for the two surviving siblings.

On 11/1/16, ACS Unsub the allegations of DOA/Fatality of the SC and IF/C/S of the two children, and LMC of the 5-year-old child by the SM. ACS based the determination on the finding that the fatality was previously investigated by ACS in 2013, and was unfounded. The SM took the 5-year-old child to the medical specialist and ACS staff checked the 5-year-old child's mouth and observed this child did not have rotting teeth. ACS observed there was sufficient food in the home. The children reported the SM cooked for them and both denied being hungry.

ACS Sub the allegations of IG of the SC, 5-year-old, and 2-year-old, and LS of the 5-year-old, and 2-year-old children. ACS based the determination on the SM's failure to provide the children with proper supervision or guardianship in that she suffered from a clinical condition which impaired her ability to care for her children. The SM was prescribed medications. On or about 9/15/16, the SM acknowledged she was not taking any medications, and not willing to undergo any prescribed medical treatment as she did not believe she needed the medication, and that when she took it the medication did not work. On or about 10/2/16, the MC drove a vehicle, and the SM and children were in the backseat. The MC said the SM was observed in the back seat displaying erratic behavior and the 5-year-old asked the SM about the behavior. While the vehicle was moving, the SM jumped out of the vehicle with the 2-year-old. The MC immediately stopped the car and the SM tried to pull the 5-year-old out of her car seat, and out of the car. The SM reported to LE that she believed the MC had been was trying to kill her (the SM).

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

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

**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:

ACS filed an Article Ten Neglect petition that resulted in remand of the two surviving children to the care and custody of the Commissioner of ACS.



### Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The 7-Day safety assessment of the 9/13/16 investigation was not completed in a timely manner as it was not completed until 10/17/16.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	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.

<b>Issue:</b>	Pre-Determination/Supervisor Review
<b>Summary:</b>	The Investigation Conclusion Narrative did not reflect that ACS addressed the allegation of IG regarding the SC as IG was addressed only for the two surviving siblings.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(v)
<b>Action:</b>	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:** 01/06/2013

**Time of Death:** 01:15 PM

**Time of fatal incident, if different than time of death:** 11:40 AM

**County where fatality incident occurred:**

RICHMOND

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

Yes

**Time of Call:**

12:27 PM

**Did EMS to respond to the scene?**

Yes

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

**Child's activity at time of incident:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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



**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	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Other Household 2	Sibling	Alleged Victim	Male	2 Year(s)
Other Household 3	Father	No Role	Male	24 Year(s)

### LDSS Response

On 9/14/16, ACS interviewed the 5-year-old child at school. The child said she helped the SM with cooking. The child denied she made food on her own as she was too young. The child said there was always food in the home. She denied she was left home alone by the SM. She informed ACS that she and her sibling were permitted to play in the hallway; the SM was outside with them. This child said she visited the Dr. and ACS staff observed she had received treatment to address her dental cavities. The child denied that the SM punched her or her sibling when they had misbehaved. The child said the SM spanked her on her buttocks with an open hand. She said she took a bath every night before bed and wore clean clothes to school every day.

On 9/14/16, the SM denied all of the allegations of the 9/13/16 report. SM said she bathed the children and provided clean clothes to wear on a daily basis, despite the pile of dirty clothes observed in the home. SM said the 5-year-old had two cavities and the medical specialist provided the prescribed treatment. The SM reported the 5-year-old did have a medical condition a few months ago but this child was no longer ill. She said any time there was an issue with the children she would make sure to bring them to the Dr. The SM refused to provide the Dr.'s information. She said she permitted the 5-year-old child to do easy tasks in that would not hurt the child in the kitchen. The child was not allowed near the stove or to cook full meals on her own. She left garbage outside the home briefly until she could bring it to the trash chute.

SM said she was previously diagnosed with a clinical condition but she was not using prescribed medication, treatment or services to address her condition. She said she did not think she needed treatment and she explained that she had not been experiencing symptoms of her condition. She did not want anything from ACS. The SM said she would not enter any treatment program. She did not feel she had any clinical health issue. Later, the SM declined PPRS and an offer to meet consultants. The SM did agree to ACS plans for ordering beds for the two children.

On 10/3/16, ACS interviewed the SM's cousin (SMC) who said she was at the SM's home visiting with her and the children. The SMC had observed the SM exhibited very unusual behavior. She said the SM yelled at her and the children to get down or come inside as the SM said she saw a sniper. She took the children to the park to get away from the SM for a little while. SM followed them to the park, and asked if she could go for a drive. The SMC agreed, and she said she wanted to bring the SM to the hospital. On the way to the hospital they stopped at a red light. The SM was in the back with



the children, and she jumped out and took the 2-year-old child. The SM tried to take the 5-year-old but she was buckled to the seat. The SMC said the SM screamed for help and for someone to call 911 as she claimed she saw someone with a machete. LE intervened and transported the SM to the hospital. The SMC said the SM condition had been deteriorating for about three weeks. She said the children have been staying with her. ACS attempted to speak with the two children about what occurred on 10/2/16, but the children did not respond.

On 10/3/16, a child safety conference (CSC) occurred. ACS noted the following safety concerns: the SM had untreated clinical health issues, the prior 2013 case the SC passed away from SIDS, the mother jumped out of a moving car on 10/2/16 with the 2-year-old child; then tried to pull the 5-year-old child out of the car when the vehicle stopped, the SM was admitted to the hospital for an evaluation on 10/2/16, and the SM has not been in treatment since 2013 as per the CONNECTIONS documentation. The same day ACS filed an Article Ten Neglect petition. A remand of the children was granted by the Richmond County Family Court (RCFC). The children were placed in the home of the maternal great aunt (MGA).

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

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

### Multidisciplinary Investigation/Review

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

**Comments:** The investigation adhered to previously approved protocols for joint 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
036395 - Deceased Child, Male, 3 Mons	036396 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
036395 - Deceased Child, Male, 3 Mons	036396 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
036406 - Sibling, Male, 2 Year(s)	036396 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
036406 - Sibling, Male, 2 Year(s)	036396 - Mother, Female, 23 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036406 - Sibling, Male, 2 Year(s)	036396 - Mother, Female, 23 Year(s)	Lack of Supervision	Substantiated
036407 - Sibling, Female, 1 Year(s)	036396 - Mother, Female, 23 Year(s)	Lack of Medical Care	Unsubstantiated



036407 - Sibling, Female, 1 Year(s)	036396 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
036407 - Sibling, Female, 1 Year(s)	036396 - Mother, Female, 23 Year(s)	Lack of Supervision	Substantiated
036407 - Sibling, Female, 1 Year(s)	036396 - Mother, Female, 23 Year(s)	Inadequate Food / Clothing / Shelter	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<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"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 SC's death occurred on 1/6/13. There were no 'other persons named' in the report.

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b>				



The Richmond County Family Court placed the children in the care and custody of the Commissioner of ACS on 10/3/16. The two children have been residing in kinship foster care with the MGA.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Have any Orders of Protection been issued? No

### 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"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Other, specify:** The family accepted preventive services.

**Additional information, if necessary:**

The family received PPRS and foster care services.



**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:**

At the time of the SC's death, ACS offered PPRS.

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

**Explain:**

The SM received therapy and intensive home based services.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

### 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

The SM was known as a subject in one report dated 1/6/13. The allegations of the 1/6/13 report were DOA/Fatality and IG of the infant (deceased) by the parents. An Administrative Review was requested on 2/11/16. As a result of the Administrative Review, the allegations of DOA/Fatality and IG of the infant (deceased) by the SM and SF were unsubstantiated. The report was unfounded ("amend to legally seal)."



### 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

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The Seaman's Society for Children and Families agency documentation reflected that notes were not entered contemporaneously as there were events that occurred early to mid December 2014, but were not entered until 2/9/15.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	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.

### Preventive Services History

During the 1/6/13 investigation, ACS opened a Family Service Stage on 1/7/13 to provide the family with preventive services. The family received Family Preservation Program (FPP) services. On 4/8/13, the FPP closing conference occurred at the home. During a meeting on 4/11/13, the SM signed an agreement accepting PPRS. The Seaman's Society for Children and Families (SSCF) Family Treatment Rehabilitation (FTR) program provided the family with services and addressed clinical health issues. The 2/8/15 FASP reflected the SF did not reside in the home, but spent a great deal of time in the home, and supported the SM as needed. The last home visit occurred on 2/11/15 and was conducted by the Parent Advocate. No concerns were noted during the visit. During the final 22-month service plan period, the SM was not compliant with her treatment and did not use her prescribed medication. Fluctuations in the SM's mood had been observed; but there was no observable impact on her ability to meet the basic needs of her children. The SM had the support of extended family members to supervise the children if needed. The case was submitted for closure based on the assessment that the child welfare concerns were addressed. The SM was in agreement with the decision to end PPRS. The SSCF agency completed the number of casework contacts for the program requirements. The FSS was closed 3/11/15.

### 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