



**Report Identification Number: NY-18-094**

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

**Issue Date: Mar 23, 2019**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 month(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 09/21/2018  
**Initial Date OCFS Notified:** 09/21/2018

## Presenting Information

On 9/21/18, the SCR registered two reports alleging that at approximately 4:20 P.M., the mother fed the SC and then put him down to sleep on his stomach in his crib. The report alleged the mother checked the SC twenty minutes later and noticed the SC had vomited around his mouth and was unresponsive. The report alleged the mother grabbed the SC and his body went limp. The parents called 911 and EMS transported the SC to the hospital where he was pronounced dead at 6:29 P.M.

On 9/22/18, the SCR registered a third report which stated the SC had multiple inflicted injuries which were all in various stages of healing. The SC had a fracture on the back of a rib, his right arm was fractured near the elbow and was markedly swollen in comparison to the left arm; it was yellowish in color, especially in the elbow area. The SC had a bruise under his left eye which was purple in color and a purple bruise on the inner corner of his right eyelid.

## Executive Summary

The SC was eight months old when he died on 9/21/18. As of the writing of this report, the ME had not issued an autopsy report or provided a preliminary cause and manner of death.

On 9/21/18 and 9/22/18, the SCR registered two reports concerning the death of the SC. The allegations of the reports were DOA/FATL, SWS, FX, L/B/W, LS and IG of the SC by the parents and PGM. ACS added the allegation of IG of the sibling by the parents and the PGM.

The SC resided with his parents, sibling and the PGM. The SC was born premature and was in the intensive care unit for two months after birth. The SC had no pre-existing medical condition and there were no special instructions for his care provided at the time of discharge.

ACS initiated the investigation timely and made contact with the family within the required time frame.

According to the mother, she was home alone caring for the children and after feeding the SC, she placed him to sleep face down in his playpen. The mother then placed the sibling down to take a nap. The mother said she checked the SC and found him unresponsive. The mother said she panicked and called the father who was on his way home. The mother said she began performing CPR and when the father arrived minutes later he continued CPR while she called 911. The parents stated they watched a video on how to perform CPR before the SC was discharged from the hospital. The PGM was at work. The mother could not remember an exact time she began to feed the SC or placed him to sleep. The mother reported the SC had been sleeping on his stomach for the past two months. The mother reported that the SC's pediatrician advised her that this position was fine, if the SC was able to hold up his head.

EMS responded to the case address and transported the SC and the mother to Wyckoff Hospital where he was pronounced dead at 6:29 P.M.

On 9/21/18, ACS contacted the NYPD and medical staff from Wyckoff Hospital and the mother provided consistent accounts concerning the events leading up to the 911 call; however, on 9/22/18, ACS learned the ME's examination of the SC's body revealed he had multiple injuries. The parents nor the PGM could provide a plausible account to explain how the SC sustained the multiple injuries.



The case address was deemed a crime scene and the family was staying at the home of the MGM. On 9/23/18, ACS conducted an emergency removal of the sibling.

On 9/24/18, ACS filed an Article 10 Neglect Petition in Queens Family Court on behalf of the sibling naming the parents and the PGM as the respondents. ACS was granted a continuance of the remand and the sibling was placed in the custody of ACS' Commissioner under the auspices of the Sheltering Arms foster care agency. The sibling remained in the kinship home of the MGM.

The interviews with the collateral contacts, reports and the subjects were not detailed. The documentation did not specify the status of the NYPD and the ADA's investigation to determine whether a criminal case is pending the result of the autopsy report. Additionally, the contact with the ME does not indicate whether an inquiry was made to determine whether the SC's injuries could have and/or contributed to the SC's death.

On 11/20/18, ACS indicated the report and substantiated all the allegations regarding the SC against the parents and the PGM. ACS based the determination for each subject on the SC's unexplained injuries, lack of supervision, failure to provide regular medical care and lack of supervision of the SC as it pertained to the interaction with the sibling. ACS added the allegation of IG of the sibling by the parents and the PGM. The allegation was substantiated for the parents and unsubstantiated for the PGM. ACS determined all three subjects had a role in caring for the SC; however, the narratives for the investigation determination were not clear and concise.

## 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?** No, sufficient information was gathered to determine some allegations only.
- **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?** No

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

**Explain:**

There was the need for more detailed interviews with collaterals and the subjects of the report; for example, a more detailed interview with the ME was needed to determine whether the SC's injuries contributed to his death.

**Required Actions Related to the Fatality**

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

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The selected safety factors focused on the SC and not on the surviving sibling.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.
<b>Issue:</b>	Appropriateness of allegation determination
<b>Summary:</b>	The determination narratives for each allegation as it relates to each of the subjects regarding each child was not clear and concise.
<b>Legal Reference:</b>	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	While the Specialist made contact with the ME and law enforcement as part of the investigation, the information obtained was cursory. There was no evidence of in-depth information being gathered from these collaterals to inform case decision.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

**Fatality-Related Information and Investigative Activities****Incident Information**

**Date of Death:** 09/21/2018

**Time of Death:** 06:29 PM

**County where fatality incident occurred:**

Queens

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

Yes

**Time of Call:**

Unknown

**Did EMS 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

**How long before incident was the child last seen by caretaker?** 30 Minutes

**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	8 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	56 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	19 Month(s)

**LDSS Response**

On 9/21/18, ACS contacted the hospital and learned EMS arrived at the ER at 6:20 P.M. The SC had subconjunctival hemorrhaging in the eyes and fluid in his nose. The hospital did not have a cause of death as it was pending the autopsy report. The medical chart noted the SC had a bruise on his left eye; which the mother explained was sustained by a remote the sibling dropped on the SC's face a few days prior to the incident. The SC also had scratches on his right leg, which the mother explained was due to their cat. The mother provided this same account to the NYPD and ACS.

On 9/21/18, ACS interviewed the parents at the hospital, and on 9/22/18 they were interviewed at the MGM's home because their home was deemed a crime scene.

The mother reported she was home with the SC and fed him at about 5:00 P.M. The mother said she then burped the SC and placed him face down to sleep in his playpen. The mother stated the SC was covered with blanket from his torso to his legs, and nothing covering his face. The mother said she then placed the sibling to sleep. The mother said about 15 minutes later, she heard the SC was making a strange sound. When she checked the SC, she observed vomit on the SC's mouth and in the playpen. The mother said she picked up the SC and he was limp and unresponsive. The parents said the mother panicked and sent a text message to the father, and then called him. The mother said she placed the SC on the couch and began CPR. The father arrived at the home at about 5:30 P.M and placed the SC on the floor to continue CPR. The SC remained unresponsive and by 5:43 P.M. they called 911. The father estimated he arrived at the home between 5:25 P.M. and 5:30 P.M. The father said once EMS arrived, the mother left with the SC in the ambulance and he took a cab with the sibling to the hospital. EMS records confirmed the 911 call was received at 5:41 P.M. and EMS arrived at the case address at 5:44 P.M. ACS observed the sibling had no marks or bruises.

The information of events was consistent with the information the mother provided to the medical staff and the NYPD.



However, there were slight discrepancies regarding the time the mother began to feed the SC and placed him to sleep. The mother later stated she was unable to remember the exact timeframe.

ACS obtained the ME's preliminary observations regarding unexplained internal injuries. The ME found the SC's right arm was markedly swollen in comparison to the left arm, the skin on his right arm was of a yellowish color, and the SC had a fractured right elbow and internal bleeding of his right arm.

On 9/23/18, visited the home of the MGM to conduct an emergency removal based information obtained from the ME regarding the SC's internal injuries. The MGM agreed to keep the SC in her care and the parents left the home. ACS assessed the home was clean and had no present safety concerns for the sibling. ACS completed an emergency home study. The parents nor the PGM were able to provide explanations regarding the injuries or what led to the SC's dying.

On 9/24/18. ACS filed an Article 10 Petition and was granted a continuance of the remand which allow the SC to remain in the home of the MGM.

ACS interviewed the PGM who reported she did not spend much time with the children. The PGM reported she would leave the home at 9:00 A.M. to start her work schedule at 11:00 A.M. The PGM stated she usually returned home at about 9:00 P.M. The PGM reported the mother was the primary caretaker of the children. The PGM had no firsthand information regarding the events leading to the SC's death. During the interview, ACS discussed the PGM history of alcohol abuse, and she agreed to accept a referral for an alcohol assessment and treatment as needed.

ACS contacted the pediatrician's office and the SC had only been seen once. The chart reflected he had no medical condition or concern.

ACS indicated the report.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

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

### Multidisciplinary Investigation/Review

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

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

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047772 - Deceased Child, Male, 8 Month(s)	047773 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047775 - Grandparent, Female, 56 Year(s)	Lacerations / Bruises / Welts	Substantiated



047772 - Deceased Child, Male, 8 Month(s)	047774 - Father, Male, 20 Year(s)	Lacerations / Bruises / Welts	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047773 - Mother, Female, 20 Year(s)	Lacerations / Bruises / Welts	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047773 - Mother, Female, 20 Year(s)	Swelling / Dislocations / Sprains	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047774 - Father, Male, 20 Year(s)	Fractures	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047773 - Mother, Female, 20 Year(s)	Fractures	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047775 - Grandparent, Female, 56 Year(s)	Inadequate Guardianship	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047775 - Grandparent, Female, 56 Year(s)	Swelling / Dislocations / Sprains	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047774 - Father, Male, 20 Year(s)	Swelling / Dislocations / Sprains	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047775 - Grandparent, Female, 56 Year(s)	Internal Injuries	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047775 - Grandparent, Female, 56 Year(s)	Fractures	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047775 - Grandparent, Female, 56 Year(s)	DOA / Fatality	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047774 - Father, Male, 20 Year(s)	DOA / Fatality	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047774 - Father, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047773 - Mother, Female, 20 Year(s)	Internal Injuries	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047773 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
047772 - Deceased Child, Male, 8 Month(s)	047774 - Father, Male, 20 Year(s)	Internal Injuries	Substantiated
049159 - Sibling, Female, 19 Month(s)	047773 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
049159 - Sibling, Female, 19 Month(s)	047774 - Father, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
049159 - Sibling, Female, 19 Month(s)	047775 - Grandparent, Female, 56 Year(s)	Inadequate Guardianship	Unsubstantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>





Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>

### 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The 24-hour safety assessment focused on the SC and not on the surviving sibling. All safety assessment had an appropriate safety decision; however, the documentation of the instrument was not clear and concise.

### 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 investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> ACS determined that the sibling needed to be removed and placed in foster care as the ME's examination of the SC's body revealed the SC had multiple injuries for which neither the parents nor the PGM could provide any plausible explanations. An order of protection was issued against the mother.				

## Legal Activity Related to the Fatality

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

 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
09/24/2018	Adjudicated Neglected	Article 10 Remand
<b>Respondent:</b>	047773 Mother Female 20 Year(s)	
<b>Comments:</b>	The Article 10 Petition name the parents and the PGM.	

Have any Orders of Protection been issued? Yes

From: 09/24/2018

To: Unknown

**Explain:**

An OOP was issued against the parents at the time of the remand.

## Services Provided to the Family in Response to the Fatality



Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

The surviving sibling was removed from the parents and placed in foster care.

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

Explain:

The parents were provided supervised visitation with the sibling, and grief 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

#### Infant was born:

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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 in NYS within three years prior to the fatality.

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

The PGM was known as a subject of 3 reports dated 3/13/00, 4/26/10 and 12/31/12; 2 reports were indicated. The father was listed as the maltreated child.

### Known CPS History Outside of NYS

The family had no known CPS history outside NYS.

### 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