

# NYS Office of Children and Family Services - Child Fatality Report

**Report Identification Number: SV-14-021**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 7/14/2015**

**(Report was reissued on: 7/15/2015)**

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

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

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

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

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

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

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

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

# NYS Office of Children and Family Services - Child Fatality Report

## 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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
<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		

## Case Information

# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Westchester  
**Gender:** Female

**Date of Death:** 06/24/2014  
**Initial Date OCFS Notified:** 06/24/2014

## Presenting Information

Additional information report was called into the SCR reporting that on the night of 6/24/14 the 3 month old subject child was pronounced dead shortly after midnight after the child stopped breathing at her residence. The child was born prematurely and had special needs and was in very poor overall health. The parents acted immediately upon noticing the child had stopped breathing. According to medical professionals at the scene the parents acted appropriately and in no manner had any part in causing the child's death.

## Executive Summary

On 5/23/14 an SCR report was received by Westchester County Department of Social Services (WCDSS) regarding the two-month-old subject child. The subject child (SC) was born premature with special needs. SC had required special care, The (SC) had an extensive surgery, and was discharged to the subject mother (SM) on 5/16/14. Home consisted of the SC and two other siblings ages three-years-old and six-years-old. The home was considered to be unsanitary. The allegations are inadequate food, clothing and shelter and Inadequate Guardianship against the (SM). Miscellaneous: (SM) gave birth to premature triplets and they have special needs. The two other triplets remain hospitalized.

On 6/24/14 an additional information SCR report was received by (WCDSS) the two-month-old subject child. Report stated that the three-month-old subject child was pronounced dead shortly after the child stopped breathing at her residence. The parents acted immediately upon noticing that the child had stopped breathing. According to medical professionals at the scene, the parents acted appropriately and in no manner had any part in causing the child's death. The child was a sibling of triplets. The WCDSS investigation consisted of face to face interviews with the mother, father of the subject child and the two-month old twin siblings, WMS/Connections reviews. Inmate and Sex offender clearances were also conducted. Collateral contacts to Westchester County 4th Precinct Detectives, Westchester County Medical Center, schools, pediatrician and Community Services Case worker were made.

A determination was made on 7/23/14 to Unsubstantiate these allegations. All of the allegations listed on the original report were appropriately addressed and investigated. CPS investigator determined that there was no credible evidence uncovered to substantiate the allegations against the SM. The investigation consisted of information provided by the parents, collateral contacts, such as family members, law enforcement, medical providers and visits to the case address.

The family is involved with community based services and visiting nurse services to help care for the two surviving siblings.

## 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

**Explain:**

There are no safety factors noted in the safety assessments.

**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:**

Fatality review conferences were conducted throughout the investigation. CW contact all relevant collateral contacts and documentation was comprehensive and contemporaneous. The safety assessments accurately reflected the case circumstances. WCDSS completed a thorough investigation of the allegations. OCFS is in agreement with the determination.

**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:** 06/24/2014

**Time of Death:**

**County where fatality incident occurred:** WESTCHESTER

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

**Time of Call:** 11:30 PM

**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: Sitting in a bouncer chair

# NYS Office of Children and Family Services - Child Fatality Report

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

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

2

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Father	No Role	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Month(s)
Deceased Child's Household	Sibling	No Role	Female	3 Month(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)

## LDSS Response

On 6/24/14 the Case Worker (CW) visited the case address. The Subject mother (SM) was grieving. The CW spoke with the family's current CW, who informed that the two month old surviving sibling was being transported to the hospital for observation. The CW spoke with the subject father (SF), who stated he was in the living room with SC. SF said that he looked at the child and observed her eyes open, she was not moving and did not respond to his touch. SF called 911 and the mother performed CPR. EMS transported the child to the hospital. The CW assessed the three-year-old and six-year-old siblings in the home, observed them to be free of marks and bruises and determined they were safe. On 6/24/14, a case conference was held with the WCDSS supervisor. A Sibling was transported to the hospital. The supervisor provided instructions on how to proceed with contacting collaterals.

The CW spoke with the source, EMS and police. Source indicated no evidence that the parents were involved in the child's death. The CW requested medical information for the subject child. On 6/24/14 a conference was held with the supervisor. CW reported that last contact made with the family was on 6/3/14. The family has community based services in the home, and visiting nurse services. On 6/24/14 CW contacted the hospital where the child died and requested medical information.

Officers from the 4th precinct indicated they arrived at the case address along with Emergency Services supervisor. SM reported that she was at home with the SF and the children. The SC was placed in a bouncer after a feeding and burping. SM stated she left the child in the living room with the SF while she went to the room to lay down. SM said that the SF came into the bedroom, because SC was not responsive. SM began CPR and SF called 911. SC was seen last by a physician on 6/22/14 after receiving treatment for a respiratory infection. SC had a follow appointment scheduled today 6/24/14. On 6/25/14, a conference was held to plan for the two surviving 3-month-old twin siblings. The Supervisor requested contact with the hospital to inquire of the discharge plan for the siblings and to speak to physician. The CW was

# NYS Office of Children and Family Services - Child Fatality Report

also to offer additional services for family stabilization. The CW contacted the local hospital, and received updated information about the surviving twin sibling. On 6/26/14 CW requested school and immunizations records. The CW visited the hospital and the Social Worker (SW) stated that the three-month old male sibling needed surgery. The surgery would take place in two weeks and the child should be ready for discharge from the hospital soon after. The Sibling Child appeared to be clean and free of marks or bruises. The CW also observed the three-month-old sibling at the hospital. CW reported that the sibling Child was admitted for a medical condition, which was clearing.

SF said in interview that he fed the SC milk at 7:30pm, The SC and three month-old-sibling were in the living room and the three-year-old and six-year-old siblings were in their bedroom. An hour and a half later, the SF noticed the SC was not responding to touch, felt cold to him and was not breathing. SM performed CPR on SC, the SF called 911 and the police arrived in minutes. SF reported nothing out of the ordinary occurred on the date of the child's death. On 6/27/15 a conference was held with the supervisor and CW to explore additional service the visiting nurse services may offer. Another case conference occurred on 7/11/14.

The CPS investigation did not uncover any credible evidence to substantiate the allegations based on interviews with collateral contacts, which included health professional, law enforcement, family members etc. On 7/23/14 determination made to unsubstantiated the allegations. The family was involved with on-going preventive services to assist with their medically fragile children, ensuring that the home is clean and parenting classes were offered.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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

## Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** A child Fatality Review meeting took place on 6/30/14. Present at the meeting were Case worker, Casework supervisor, District Attorney, Medical Examiners office and law enforcement staff. A follow up meeting was scheduled for 9/8/14.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015281 - Deceased Child, Female, 3 Mons	017621 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine

# NYS Office of Children and Family Services - Child Fatality Report

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"/>
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"/>
Coordination of investigation with law enforcement?	<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:**

CW conducted face to face interviews with service providers to address any future safety concerns they may affect the two-month-old surviving siblings, because they were born premature and medically fragile.

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# NYS Office of Children and Family Services - Child Fatality Report

household?				
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legal Activity Related to the Fatality

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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

# NYS Office of Children and Family Services - Child Fatality Report

<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Additional community based services

**Additional information, if necessary:**  
 Upon the death of the subject child the 2 month old twin siblings were referred back to the hospital for observation as they was born premature and has on-going medical needs. The child will be remain in the hospital until she is medically stable. The family was referred for bereavement and parenting services/supports for medically fragile children, as well as additional in home nurse 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:**  
 Upon the death of the subject child, the 2 month old sibling was referred back to the hospital for observation as she was born premature and they have on-going medical needs. The child will remain in the hospital until she is medically stable. Family was referred for bereavement and parenting services/supports for medically fragile children, as well as in-home nurse services, that the family is already receiving.

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

**Explain:**  
 Family was referred for bereavement and parenting services/supports for medically fragile children, as well as additional in home nurse services that the family is already receiving.

## 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? Yes
- 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

# NYS Office of Children and Family Services - Child Fatality Report

**During pregnancy, mother:**

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

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> Drug exposed<br><input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> With fetal alcohol effects or syndrome |
|---|---|

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

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

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

Case dated 6/25/10 the allegation were Lack of supervision and inadequate guardianship pertaining to the 2 month old and two y/o siblings against the mother. The report was investigated, the investigator contacted collaterals and the allegations were unsubstantiated on 8/10/10. The family was involved with community based services to address housing and employment needs. The mother refused any further services from caseworker. There was no known family court information for this case.

## Known CPS History Outside of NYS

None known

## 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: 07/24/2014**

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

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<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
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# NYS Office of Children and Family Services - Child Fatality Report

				Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

## Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 SM began receiving services in March 2014 from Westchester Medical center where she gave birth to (triplets) the subject child and the two siblings. The mother had a visiting nurse coming to the home and was referred to community base services when the triplets were born on 3/5/14. These services were on-going throughout the investigation.

## Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**  
Yes No

## Preventive Services History

SM began receiving services in March 2014 from Westchester Medical center where she gave birth to (triplets) the subject child and the two siblings. The mother had a visiting nurse coming to the home and was referred to community base services when the triplets were born on 3/5/14. These services were on-going in the home throughout the investigation.

## Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Required Action(s)**

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

Yes  No

**Foster Care Placement History**

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

**Legal History Within Three Years Prior to the Fatality**

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

**Recommended Action(s)**

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

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