

**Report Identification Number: NY-16-115**

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

**Issue Date: May 31, 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:** 2 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 11/12/2016  
**Initial Date OCFS Notified:** 11/12/2016

## Presenting Information

On 11/12/16, the BM was co-sleeping in bed with the 2-month-old infant for an unknown duration of time. The BM woke to find the infant cold and not breathing. The BM called 911. EMS attempted to resuscitate the SC on the way to the hospital. The SC was pronounced dead at 2:32 PM. The cause of death was accidental suffocation from the BM rolling over the SC during sleep. The SC did not sustain any known injuries. There were two other children in the home during the incident and they have unknown roles.

The SCR registered a duplicate report that contained additional information. The report stated that the BM was co-sleeping with the SC and a 3-year-old child in the bed under the blanket.

## Executive Summary

This fatality report concerns the death of a two-month-old male that occurred on 11/12/16. The infant was transported to Montefiore Hospital where he was pronounced dead. The SCR registered this report with allegations of DOA/Fatality and IG of the SC by the BM. In the home were the BM's three-year-old son, fourteen-year-old daughter and adult son(AS).

ACS initiated the investigation within the required timeframe and made contact with the LE, Dr, ME, EMS, BM, surviving siblings and other family members.

The BM reported that on 11/12/16, at approximately 10:00 AM, she fed her two-month-old son, burped and cuddled him and at approximately 12:00 PM, she placed him to sleep in her queen size bed. She laid him on his back next to her three-year-old son who was already taking a nap. The BM stated she felt tired so she laid on the edge of the bed next to the SC, and fell asleep. On the bed were blankets she used for cover and an adult size pillow on the side of the bed where she laid. At approximately 2:00 PM, the adult sibling (AS) entered the BM's bedroom to check on the children and woke her. She touched the SC and he felt cold. He laid still on his back with his arms above his head. The AS contacted 911 for medical assistance. EMS reported they received the call at 1:59 PM and transported the SC to the ER and arrived at 2:14 PM. The SC was pronounced dead at 2:32 PM on the same day.

ACS contacted the assigned detective who reported that the incident appeared to be an accident; the BM rolled over on the SC and he suffocated. There was no arrest. ACS contacted the attending Dr in the ER who pronounced the death of the SC and reported that he was found with no signs of trauma or abuse. The ME's preliminary finding was positional asphyxia; however the final is pending.

The Specialist interviewed the BM at the case address on 11/12/16 and she explained that although received safe sleep instructions, she had to co-sleep because the SC's bassinet was broken. She stated that the screws for the legs on his basinet fell off two days prior and she had planned on replacing them during the weekend. According to the BM, the bassinet had been broken a few times before. She stated she chose to not put the SC in the bassinet on the floor because she did not want her cat to have access to him. The BM stated she had intended to purchase a bed for the SS also on the weekend.



The BM reported that the SC's father was not involved with the family due to DV. The Bronx Family Court issued a temporary OOP on behalf of her and the children against the BF, the order expires 12/14/16. Seaman's Society assisted the BM with a safety plan; she did not engage in DV counseling.

The AS and teen's account were consistent with that of the BM. ACS assessed the home to have inadequate sleep arrangements, ceiling damage, exposed insulation, odor, clutter and a broken staircase. ACS ordered two beds that were delivered and made a referral for heavy duty cleaning and extermination that were declined. The BM arranged for the family to relocate to the MGA who resides next door.

The family receives counseling one day per week, via Compassionate Friends. ACS documentation does not reflect when the family began receiving counseling. The guidance counselor reported the teen shows no signs of trauma and is progressing academically. The three-year-old SS received EI and the daycare voucher was utilized. The pediatrician reported the three-year-old is now current with immunizations. The BM has been referred to FPP services to assist with the home conditions, bereavement, and DV to stabilize the family; however, no referrals were completed. The BM exhibited signs of distress during a conference and ACS referred her to a mental health evaluation that reflected stress.

On 1/12/17, ACS substantiated the allegation of DOA/Fatality and IG of the SC by the BM, citing the BM exercised poor judgment when she co-slept with the children despite her knowledge of safe sleep.

## 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:

- **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 made a determination on the allegations; however, the case remains open as the family continue to engage in services.



### Required Actions Related to the Fatality

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

<b>Issue:</b>	Provide preventive services according to the needs of the child and the child's family
<b>Summary:</b>	ACS did not make adequate referrals to address the family's needs. The BM wanted counseling that identified with her circumstances, she also needed DV services and a home preservation specialist to address the mortgage arrears.
<b>Legal Reference:</b>	18 NYCRR 423.4(a); SSL 424 (13)
<b>Action:</b>	ACS must submit a program improvement plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 11/12/2016

**Time of Death:** 02:32 PM

**Time of fatal incident, if different than time of death:** 02:00 PM

**County where fatality incident occurred:**

BRONX

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

Yes

**Time of Call:**

01:59 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

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

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

1

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

**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	Adult Sibling	No Role	Male	18 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

**LDSS Response**

On 11/12/16, the SCR registered a report that alleged the death of a two-month-old male infant in the home with his BM and siblings. The allegations of that report were DOA/Fatality and IG of the SC by the BM. A duplicate report was registered and was consolidated.

The ACS Specialist visited Montefiore Hospital on 11/12/16 and obtained information regarding the incident. ACS also contacted the first responders, LE, EMS, ME and the attending physician. LE reported they received the 911 call at 1:58 PM stating an infant was unresponsive. When EMS arrived at the case address, the FDNY handed the infant to them for transport to the hospital where he was subsequently pronounced dead at 2:32 PM on 11/12/16. The Dr found no external signs of maltreatment or abuse. The assigned detective interviewed the family and reportedly found no criminality. The ME's preliminary findings stated that the SC's death appeared to positional asphyxia.

On the same day, the Specialist visited the home and interviewed the BM who stated she last fed the SC at 10:00 AM. She burped and cuddled him until he fell asleep at approximately 12:00 PM. She placed him on his back, next to the three-year-old sibling, who was already asleep in her bed. She laid down at the edge of the queen size bed, beside the SC and fell asleep. The ACS documentation reflected that the SC had been placed between the BM and the SS. According to the BM, at approximately 2:00 PM, the adult sibling (AS) woke her as he was checking on the children. The BM touched the SC and he felt cold. She then picked him up and found him unresponsive. She then instructed the AS to contact 911 for medical assistance. The BM reported she attempted chest compressions until the FDNY arrived. The 14-year-old sibling was asleep in a separate bedroom when she heard the commotion. The BM stated the MGA, who resides next door, took her to the hospital where she was informed of her son's demise.

The BM and the siblings' accounts of the incident were consistent. The BM reported the SC had no existing medical conditions prior to his death. She explained that the bassinet in which the SC usually slept had broken two days prior and that she intended to fix it the following weekend. Additionally, she planned to purchase a car bed for the three-year-old surviving sibling on that same weekend. The BM explained that she had received safe sleep instructions at the hospital where the infant was born and that she did not want the SC to sleep in the broken bassinet, on the floor, where the cat would have access.

The BF of the SC and the 3-year-old SS resides at a separate location and is not involved with the family. In the past, the Bronx Family Court issued an OOP on behalf of the family that expires on 12/14/16. The family reported DV between the



father and the BM in the presence of the children; however, the children were not physically abused. The teen and the AS's father resides in another state and is not involved in their care. The BM provided all care to the children as she was on maternity leave.

The home was in need of repairs and unsafe for the children. The family relocated next door to the MGA's home. ACS ordered two beds for the children. The 3-year-old SS received a referral for IE and daycare services. The family has support from relatives and friends.

The pediatrician reportedly updated the 3-year-old sibling's immunization on a recent visit. The GS for the SS reported no change in her behavior or academic performance; she is performing on grade level. The BM tested negative for substances.

On 1/12/17, ACS substantiated the allegation of DOA/Fatality and IG of the SC by the BM, citing the BM exercised poor judgment when she co-slept with the children despite her knowledge of safe sleep.

ACS did not make the necessary referrals for services within the required timeframe. The case was assigned to to FPP services; no referrals were made then it was returned to CPS.

### Official Manner and Cause of Death

**Official Manner:** Pending

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

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

### Multidisciplinary Investigation/Review

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

**Comments:** There is no approved OCFS Child Fatality Review in the New York City region. The ACS 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
036405 - Deceased Child, Male, 2 Mons	036421 - Mother, Female, 39 Year(s)	DOA / Fatality	Substantiated
036405 - Deceased Child, Male, 2 Mons	036421 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
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				Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input 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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### 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 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 or 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"/>

**Explain as necessary:**

A plan was implemented for the family to stay at the MA's home because ACS deemed the deceased child's home to be hazardous to the safety of the surviving children.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Mental health 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>Foster 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>Health 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>Legal 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>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking 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>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The BM reported she has a safety plan; however, she had not engaged in DV services. She has been separated from the children's fathers. The BM disclosed that she has arrears on her mortgage; however, stated she is working with a housing preservation specialist and is awaiting an answer. ACS could not confirm information regarding mortgage status.

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

**Explain:**

The BM, 14-year-old SS and the AS attend bereavement counseling at Compassionate Friends Support Group. The 3-year-old child received EI services that led to a daycare referral. The BM stated she believe services would help and after the transfer to FPP services and there were no referrals, the case was sent back to CPS. ACS' case documentation reflected that the necessary referrals were not made and the cleaning services was not utilized because it was inadequate.

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

**Explain:**

The BM is engaged in bereavement counseling with a support group. The AS is receiving services at a private clinic. The BM was awaiting a referral for additional services and stated that she believes services can be helpful, she did not identify with the support group.

## History Prior to the Fatality

## Child Information

**Did the child have a history of alleged child abuse/maltreatment?**

No



- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

#### During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

#### Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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

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

On 2/19/08, the SCR registered a report with allegations of IG and LS of the BM's now adult son and the 14-year-old daughter who were 9 and 6, respectively, at the time. The narrative alleged that the BM left the children without an adequate safety plan in case of an emergency, and no way to contact her; during the school's winter recess. At the time of the report the local police entered the home to find the children alone and a bag of marijuana exposed within their reach.

The investigation revealed that the BM had gone to work and left the children in the care of her cousin. On 2/19/08, the allegations against the BM were unfounded because her cousin admitted to leaving the children home and she accepted ownership of the marijuana.

### 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

### Preventive Services History



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

### 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

### Additional Local District Comments

### 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