



Report Identification Number: NY-16-137

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: 4 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 12/26/2016
Initial Date OCFS Notified: 12/26/2016

Presenting Information

The 12/26/16 report alleged the SM was discovered on the floor of her studio apartment deceased with a cord around her neck. The report also alleged the 4-year-old SC was in the bathroom tub deceased, faced down in water. The SM and SC's bodies were in the apartment for an unknown amount of time; however, their bodies began to decompose. The exact time of death for the SM and SC was unknown, but was pronounced as 12/26/16. The report stated the role of the father was unknown.

Executive Summary

This 4-year-old male SC was discovered dead in the home on 12/26/16. According to the ME, the SC's cause of death was asphyxia neck compression homicide. As of 5/1/17, NYCRO has not yet received the autopsy report.

The allegations of the 12/26/16 report were DOA/Fatality and IG of the SC by the SM. ACS added to the report the allegations of DOA/Fatality and IG of the SC by the SF.

There were no surviving children residing at the case address. The 8-year-old surviving half-sibling resided with the MGM and MU since she was four months old; although, official records stated the SM had custody of the surviving half-sibling since 1/29/09.

The MGM and MU stated the SM and SC were last seen on 12/23/16 and they described the SM as being in good spirits and the SC as happy. They had no concerns regarding the care the SM provided the SC. According to MGM and MU, the SM had no medical or mental health diagnosis nor had she received treatment for any such issue.

ACS visited the MGM's home and assessed the living environment of the surviving half-sibling. The MGM's apartment was cluttered and untidy. The half-sibling shared a bed with the MGM and the MU slept in a cluttered area in the kitchen. The MGM's home was deemed a safety and fire hazard for everyone in the home, especially the surviving half-sibling. ACS conducted an emergency protective removal of the surviving half-sibling from the MGM's care. ACS filed an Article Ten Neglect Petition in the Manhattan County Family Court (MCFC) on behalf of the surviving half-sibling naming the MGM as the respondent. The maternal grand aunt (MGA) and maternal grand uncle (MGU) were identified as family resources. The Niagara County DSS conducted a home study. On 1/6/17, the MCFC released the surviving half-sibling to the MGA and MGU's care with Court Ordered Supervision (COS).

On 3/10/17, ACS substantiated the allegations of DOA/Fatality and IG of the SC by the SF. ACS learned the SF confessed to the murders of the SM and SC on 12/27/16. According to the ACS case record, the SM's cause of death was ligature strangulation and was a homicide. ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the SM on the basis that the SF confessed to the murders of SM and SC. ACS added that the ME listed the cause of death as a homicide. ACS indicated the case and closed the investigation stage using "Case open- CPS required" in error.

The SCR registered a separate report with the allegations of IF/C/S and IG of the surviving half-sibling by the MGM and MU. ACS substantiated the allegations of IF/C/S of the surviving half-sibling by the MGM. The MGM was the



sole caretaker and the person legally responsible for the surviving half-sibling. The MGM failed to supply the surviving half-sibling with adequate shelter although financially able to do so. The surviving half-sibling was removed from the MGM's care for reason unrelated to the death of the SC.

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 were no surviving children residing in the SM's household. The surviving half-sibling resided with the MGM and was removed from the MGM's care for other reasons unrelated to the death of the SC. The SF was incarcerated as a result of the fatality of the SC and SM.

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:

ACS selected the closure reason of "Case open- CPS required" in error.

Required Actions Related to the Fatality

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

Issue:	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	During the review, the 24-Hour Fatality Report was approved on 1/12/17; not within the required timeframe of 24 hours of the receipt of a reported child fatality.
Legal Reference:	CPS Program Manual, VIII, B.1, page 2
Action:	ACS must submit a performance improvement plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who



attended and what was discussed.

Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	During the review, the 30-Day Fatality Report Summary was approved on 3/6/17; not within the required timeframe of 30 days of the receipt of a reported child fatality.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	ACS must submit a performance improvement plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Failure to Provide Notice of Indication
Summary:	During the review, the case record revealed the father was not provided a notice of indication.
Legal Reference:	18 NYCRR 432.2(f)(3)(xi)
Action:	ACS must submit a performance improvement plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/26/2016

Time of Death: Unknown

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

No

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

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: Unknown if they were impaired.



Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	23 Year(s)
Other Household 2	Grandparent	No Role	Female	61 Year(s)
Other Household 2	Sibling	No Role	Female	8 Year(s)

LDSS Response

On 12/26/16, LE informed ACS that the SM and SC's bodies were transported to the ME's office. LE had not yet determined whether the deaths were a murder or suicide. LE stated that the case address was deemed a crime scene. LE went to the MGM's home and observed concerns regarding the living conditions of the surviving half-sibling. LE stated the surviving half-sibling appeared "dirty" and the MGM's home was deplorable. LE stated there was dog feces in the dog cage. LE suspected mental health concerns for the adults in the home.

On 12/26/16, ACS staff visited the MGM's home. The home had no clear pathways, was cluttered and presented a fire and safety hazard for the child. The adults in the home had concerns with the condition of the apartment.

According to the MGM, she last observed the SM and SC on 12/23/16. The SM appeared to be in good spirits, the SC appeared happy and the MGM had no concerns regarding the SC in the care of the SM. The MGM was the sole caretaker of the surviving half sibling. The MU confirmed the SM sent the surviving half-sibling to live with MGM as the SM was in a DV relationship with the surviving half-sibling's father. The MGM stated the surviving half-sibling appeared jealous of SC and the SM decided it was best for the surviving half-sibling to remain in the MGM's care. The MGM said she had no contact with the SF and was uncertain if the SM had contact.

ACS assessed the surviving half-sibling in the MGM's home. The surviving half-sibling was not aware that the SM and SC were deceased; therefore, the deaths were not discussed. The surviving half-sibling appeared clean and was wearing clean clothes. The surviving half-sibling was uncertain as to the reason she did not reside with SM.

On 12/27/16, ACS removed the surviving half-sibling due to the safety and fire hazard conditions of the MGM's home. ACS filed an Article Ten Neglect petition on behalf of the surviving half-sibling naming the MGM as the respondent in the MCFC. ACS' request for the remand was granted by the judge. ACS was ordered to explore family resources.

On 12/28/16, ACS was informed the SF was arrested on 12/27/16. LE stated the investigation was ruled a homicide by strangulation by the SF for the SM and SC. LE said the SM was a veteran and the veteran's services were contacted. LE stated that the PGM was around the scene of the family home but her name and contact information was not gathered.

On 1/4/17, Niagara County conducted a courtesy HV to the case address of the MGA and MGU. No safety concerns were



noted.

On 1/6/17, the MCFC judge ordered the surviving half-sibling be released to the care of and custody of the MGU and MGA with COS. The MGM may have liberal visits supervised by the MGU and MGA.

On 2/15/17, ACS provided MCFC an update received from Niagara County. The surviving half-sibling was doing well with the MGA and MGU; attending school, medical, vision and dental appointments and was monitored by the school psychologist. The MGA and MGU initiated adoption proceedings in Niagara County.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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 New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
034021 - Deceased Child, Male, 4 Yrs	036941 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
034021 - Deceased Child, Male, 4 Yrs	036941 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
034021 - Deceased Child, Male, 4 Yrs	036942 - Father, Male, 23 Year(s)	DOA / Fatality	Substantiated
034021 - Deceased Child, Male, 4 Yrs	036942 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

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



Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

LE informed ACS the case address was a crime scene; therefore, no death-scene investigation was made. The surviving half-sibling did not reside at the case address. The SF was incarcerated.

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 type="checkbox"/>	<input checked="" 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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

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 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:
 There were no surviving children residing at the case address. The surviving half-sibling resided with the MGM and was removed from the MGM's home for reasons unrelated to the death of the SC. The MCFC judge ordered the surviving half-sibling be released to the care of and custody of the MGU and MGA with court ordered supervision. The MGM may have liberal visits supervised by the MGU and MGA.

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:
12/27/2016	There was not a fact finding	Return to Relative
Respondent:	037361 Grandparent Female 61 Year(s)	
Comments:	The MCFC judge ordered the surviving half-sibling be released to the care and custody of the MGU and MGA with COS. The MGM was allowed liberal visits supervised by the MGU and MGA. As of 5/1/17, the case remains open for COS.	

Criminal Charge: Murder **Degree:** 1



Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
12/27/2016	SF	Unknown	Indicted
Comments:	The SF confessed to the murder of the SM and the SC. Shortly thereafter, the SF was incarcerated.		

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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"/>

Additional information, if necessary:

The SM was deceased. The SF was incarcerated as a result of the fatality. Bereavement and mental health services were offered to the SF in the correctional facility. The surviving half-sibling received foster care services and was subsequently released to relatives.

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 half-sibling did not reside at the case address. ACS visited the home of the MGM to assess the surviving half-sibling who was subsequently removed on an emergency bases for reasons unrelated to the death of the SC. The



MGM's home was observed and deemed a hazardous living environment for safety and wellbeing of the surviving half-sibling.

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

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 family was known to the SCR and ACS in one report dated 1/16/10. The allegations of the report were IF/C/S and IG of the surviving half-sibling, who was then two years old, by the SM and MGM. The report was unfounded and legally sealed on 8/9/10.

Known CPS History Outside of NYS

The family had 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

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