



Report Identification Number: NY-20-051

Prepared by: New York City Regional Office

Issue Date: Dec 01, 2020

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 06/06/2020
Initial Date OCFS Notified: 06/06/2020

Presenting Information

The report alleged in the morning of 6/6/2020, EMS responded to a call regarding the unresponsive 23-month-old SC, and found the BM giving the SC cardiopulmonary resuscitation in the home. EMS immediately transported the SC to the hospital for medical care. CPR was applied on the SC at the hospital; however, he could not be revived and was pronounced dead. The SC was extremely malnourished with no muscle tone or muscle mass and he had a distended belly. Although 23 months old, the SC was unable to walk without the assistance of a walker. Since birth, the SC had not seen a physician. Recently, the SC was ill and was not eating well and lost weight. The parents did not seek medical attention for the SC which contributed to his death.

Executive Summary

On 6/6/20, the SC died while in the care of the SM and SF. ACS' case documentation reflected at about 6:00 AM on 6/6/20, the SC appeared fussy, and did not feel well. The SM gave the SC a bottle and then decided to take him out of the home. On their way out of the home, the SC had difficulty breathing and appeared to be in distress. The SF called 911 and the SM gave the SC cardiopulmonary resuscitation. EMS arrived minutes later, continued efforts to resuscitate the SC and then transported the SC to the hospital. Upon arrival in the hospital, the medical personnel tried to revive the SC; however, he could not be revived. The attending physician pronounced him dead at 9:15 AM. At the time of writing this report, the autopsy report was pending; however, the ME's preliminary findings revealed the SC sustained several inflicted healing fractures to his legs, arms and clavicle.

The SC had two minor and one adult female SS. The SC and the two minor SS shared the same parents. The adult sibling resided outside of the home with her paramour and their 1-year-old son.

On 6/6/2020, ACS initiated the CPS investigation in a timely manner. ACS obtained relevant information from the medical professionals, LE, New York City Department of Education (NYDOE) and relatives. The medical professionals deemed the SC malnourished. LE stated the parents were not arrested, but LE's investigation was ongoing. The NYDOE verified the SS were home-schooled; however, the parents did not comply with NYDOE requirements. The parents refused an interview by ACS as advised by their attorney. They disclosed to the medical professionals and LE that they practiced a holistic lifestyle and did not utilize traditional medical care and/or prescribed medication or immunizations for their children.

ACS filed an Article 10 Neglect Petition in Family Court. The parents and the adult sibling were the respondents in the petition. The court granted a remand for the two SS. They were placed in the kinship foster home of the PA. The SS were interviewed, and medically examined at the CAC. They were assessed to be thin but healthy. They did not disclose any form of abuse by their parents.

On 8/13/2020, ACS SUB the allegations DOA/Fatality, IG, LMC, and M/FTTH of the SC by the SM and SF. ACS based the decision on the medical professionals' assessment which revealed the SC starved to death. The parents did not provide the SC with the necessary amount of food to live. The parents did not seek medical care for the SC when he became ill two weeks prior to his death. According to the physician, the SC's death would have been prevented if he had received necessary medical treatment.

ACS SUB the allegation IG of the two SS by the SM and SF. The SS were last seen for medical evaluations on or about



2013. The parents failed to ensure that the children received proper medical care.

ACS UNSUB the allegation of IG of the SC by the adult sibling. ACS determined the adult sibling was not a person legally responsible the SC. During the investigation, ACS determined the adult sibling’s protective capacity for her son was high. ACS withdrew the petition in Family Court pertaining to the adult sibling.

The SS remained in foster care and appeared to be thriving. The parents visited the SS.

Based on the information obtained during the investigation, ACS should have added and SUB the allegation of EdN of the two SS by the parents.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

The SS remained in foster care. The parents visited the SS.

Required Actions Related to the Fatality

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

Issue:	Case record contains information that is relevant, useful, factual and objective
Summary:	Based on the information obtained during the investigation, ACS should have added and SUB the allegation EdN of the two minor SS by the SM and SF.



Legal Reference:	18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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 will attend and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/06/2020

Time of Death: 09:15 AM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

08:36 AM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	9 Year(s)
Other Household 1	Other - Other	No Role	Male	25 Year(s)

LDSS Response



On 6/6/2020, the medical professional said the SC arrived at the ER deceased. The SC's belly was distended, his skin was wrinkled, and he had a protein deficiency. He weighed 14 lbs., and appeared starved. LE stated the SM and SF reported the SC did not eat properly in two months and was ill two weeks prior to his death. The SM and SF did not seek medical attention for the SC. They gave the SC homemade remedies. The SC was born with complications and had developmental disabilities. He was unable to walk. He was not immunized and had not seen a physician since birth. LE did not report any concerns for the two minor SS.

On 6/6/2020, the SM and SF refused to be interviewed by ACS. They denied ACS access to the home and the SS as advised by their attorney. The family's neighbors and the residence personnel did not report any concerns for the family.

On 6/7/2020, LE stated the ME's preliminary findings revealed the SC had healing inflicted fractures to his arms, legs, and the front part of his shoulder. LE's investigation was ongoing. ACS sought and obtained an order to produce the two minor SS in Family Court.

On 6/8/2020, the father of the adult SS denied he had contact or a relationship with the family.

On 6/8/2020, the PA stated she was willing to be a foster parent for the minor SS. ACS assessed the PA's home and deemed the home appropriate for the SS.

On 6/8/2020, ACS filed an Article 10 Neglect Petition in Family Court naming the parents and adult sibling as the respondents. The court granted a remand for the two SS. The court also granted a warrant to produce for the adult sibling and her son. The court approved the PA as a resource for the SS.

Later that same date, the SS were medically examined at the CAC and deemed to be thin but healthy. They did not make any disclosure regarding abuse by the SM and SF.

On 6/10/2020, the adult sibling denied knowledge of how the SC died as she was not in the home at the time his death.

On 6/10/2020, ACS held a Child Safety Conference (CSC). The CSC recommended PPRS and Court Ordered Supervision for the family.

On 6/11/2020, the adult sibling denied childcare responsibilities for her siblings. She stated she visited the family's home, and resided with her son and paramour. The paramour said the adult sibling and her son resided with him and his parents since 2019.

On 6/11/2020, the PA reported the SS were adjusting well. On 6/15/2020, ACS delivered clothes for the SS. The PA reported behavioral concerns for the 9-yo SS and discussed financial needs for the SS. She stated she thought caring for the SS was short term.

On 6/22/2020, Family Court granted the parents supervised visits with the SS.

Between 6/26/2020 and 8/11/2020, ACS made multiple casework contacts with the SS, LE, ME and adult sibling. ACS deemed the SS safe in their foster home. The SS were replaced in a non-kinship foster home and later moved to the kinship home of their MA. ACS did not document any concern for the adult sibling's son. The autopsy report was pending and LE's investigation was ongoing.

Official Manner and Cause of Death

Official Manner: Pending



Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: There is no OCFS approved Child Fatality Review Team in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055517 - Deceased Child, Male, 1 Yrs	055629 - Father, Male, 40 Year(s)	Lack of Medical Care	Substantiated
055517 - Deceased Child, Male, 1 Yrs	055631 - Mother, Female, 40 Year(s)	Lack of Medical Care	Substantiated
055517 - Deceased Child, Male, 1 Yrs	055629 - Father, Male, 40 Year(s)	DOA / Fatality	Substantiated
055517 - Deceased Child, Male, 1 Yrs	055631 - Mother, Female, 40 Year(s)	DOA / Fatality	Substantiated
055517 - Deceased Child, Male, 1 Yrs	055629 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
055517 - Deceased Child, Male, 1 Yrs	055631 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Substantiated
055517 - Deceased Child, Male, 1 Yrs	055629 - Father, Male, 40 Year(s)	Malnutrition / Failure to Thrive	Substantiated
055517 - Deceased Child, Male, 1 Yrs	055631 - Mother, Female, 40 Year(s)	Malnutrition / Failure to Thrive	Substantiated
055517 - Deceased Child, Male, 1 Yrs	055627 - Adult Sibling, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
055628 - Sibling, Female, 11 Year(s)	055629 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
055628 - Sibling, Female, 11 Year(s)	055631 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Substantiated
055632 - Sibling, Male, 9 Year(s)	055629 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
055632 - Sibling, Male, 9 Year(s)	055631 - Mother, Female, 40 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 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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input 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"/>



Child Fatality Report

Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: On 6/8/2020, ACS filed an Article 10 Neglect petition in Family Court against the SF, SM and adult sibling. The court granted a remand of the two minor SS to LDSS custody.				

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:
06/08/2020	There was not a fact finding	There was not a disposition
Respondent:	055629 Father Male 40 Year(s)	
Comments:	On 6/8/2020, ACS filed an Article 10 Neglect Petition in Family Court against the SF, SM and adult sibling. The court granted a remand for the SS. The court also granted a warrant to produce for the adult sibling and her 1-year-old child. the court approved the PA as a resource for the SS.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
06/08/2020	There was not a fact finding	There was not a disposition
Respondent:	055631 Mother Female 40 Year(s)	
Comments:	On 6/8/2020, ACS filed an Article 10 Neglect Petition in Family Court against the SF, SM and adult sibling. The court granted a remand for the SS. The court also granted a warrant to produce for the adult sibling and her 1-year-old child. the court approved the PA as a resource for the SS.	

Services Provided to the Family in Response to the Fatality



Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

The SS received foster care services.

History Prior to the Fatality

Child Information

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

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 10/10/07, ACS opened a services case for the family due to a Court Ordered Investigation. The adult sibling's father was the petitioner and he requested the court award him legal custody of the sibling as he had been permanently caring for her over seven years. On 11/8/07, ACS submitted its report to the court and on 11/13/07, ACS closed the case. The family was not engaged in services.

Between 2/01/10 and 11/10/11, the family had three unfounded reports. The allegations were IG and EdN of the adult sibling by the SM. The reports were closed with no services required.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of NYS.

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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