



Report Identification Number: NY-20-119

Prepared by: New York City Regional Office

Issue Date: Jun 30, 2021

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 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 12/31/2020
Initial Date OCFS Notified: 12/31/2020

Presenting Information

The SCR report alleged on the morning of 12/31/20, at 5:00 AM, the SM breastfed the one-month-old subject child (SC), swaddled him, and placed him on his side in the bassinet. The SM checked the SC at 10:00AM and the SC was on his stomach. The SC was not breathing. The SM performed CPR on the SC and called 911. EMS arrived at the home and continued with CPR and advanced life support enroute to the hospital. When EMS arrived at the hospital, medical staff continued with CPR. The SC was pronounced dead at 11:06AM. Prior to the SC's death, he was an otherwise healthy child. The report alleged the SM provided no reasonable explanation for his death.

Executive Summary

The one-month-old male SC died on 12/31/20. As of the issuance of this report, NYCRO had not received a final autopsy report from the ME.

At the time of the fatality the subject child resided with his mother and three surviving siblings ages: six, five, and one year old. The mother had a previous child fatality in 2011 for which OCFS NYCRO issued a report.

ACS learned at about 5:00 AM, the mother awoke to feed the SC. Once the SC was fed, the mother burped and swaddled the SC in his blanket and laid him in the bassinet on his side. The mother placed another blanket in the bassinet under the SC then went back to sleep. She did not check the child again until 10:00AM when she awoke. She saw the SC face down and on his stomach; there was blood seeping from his nose. The mother's male cousin and his paramour were in the home. The paramour called 911 and initiated CPR on the SC while the mother held the 5-year-old SS. EMS arrived, attempted resuscitation, and then transported the mother and SC to the hospital. The other children remained with the cousin. The SC was pronounced dead at the hospital. According to case documentation, the mother was aware of safe sleep positions for infants. ACS observed the bassinet where the SC slept. The mother showed ACS the blanket that she had placed in the bassinet.

Throughout the investigation, ACS maintained contact with the appropriate collaterals. ACS also made a referral for general preventive services for the family. The mother declined all services which would have included homemaking and parenting skills training. ACS requested daycare vouchers for the three SS's; however, the mother refused. The mother informed ACS she was doing her own bereavement services and did not need EI for the youngest SS.

On 2/26/21, ACS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship of the SC by the mother. ACS documented there was no signs of trauma. Additionally, the SM called for emergency services when she saw the SC unresponsive. ACS saw the home and bassinet and noted the sleeping arrangements were appropriate.

NYCRO does not agree with the determination regarding the allegation of Inadequate Guardianship of the SC. The mother swaddled the one-month-old SC in a blanket and placed the SC on his side in the bassinet on another blanket. The SC was not checked for five hours. The mother created an unsafe sleep situation.

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? 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:
On 1/4/21, ACS opened a service case. The case notes reflected the SM did not want to engage in services through ACS; instead, she opted for community based counseling services. The service case was closed on 3/2/21.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	The seven-day safety assessment of 1/6/21 was inadequate. An associated comment did not support the selected safety factor.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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:	Timely/Adequate 30-Day Safety Assessment
Summary:	The 1/28/21 safety assessment was inadequate. The comment that the 5-yo and 6-yo missing school did not support that the parent was unable and/or unwilling to meet the children's needs for food, clothing, shelter, medical, or mental health.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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: Contact/Information From Reporting/Collateral Source

Summary: The documentation did not reflect the pediatrician was interviewed.

Legal Reference: 18 NYCRR 432.2(b)(3)(ii)(b)

Action: ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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: Appropriateness of allegation determination

Summary: The mother placed the child in an unsafe sleep situation when she swaddled the child in a blanket, placed the child on his side on another blanket to sleep, and did not check the child for five hours; yet, ACS unsubstantiated the allegation of IG.

Legal Reference: FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

Action: ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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: 12/31/2020

Time of Death: 11:07 AM

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

10:00 AM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

10:17 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 was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent



Asleep

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	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)

LDSS Response

Upon receipt of the report ACS contacted LE and learned the SM, three SSs and an adult female cousin were present in the home. The SM said she fed the SC at 5:00AM, swaddled him in a blanket and placed him on his side on another blanket in the bassinet. At 10:00AM, the SM checked the SC and found him face down unresponsive with blood to the nose.

On 1/1/21, ACS visited the homes of the PGM and PA. The 5-yo and 6-yo SSs were in the PGM’s home though a familial arrangement; however, they did not want to speak with ACS staff. The PGM did not have any concerns for the SM or the CHN. The PA told ACS the 1-yo was sleeping at the time of the SC’s passing and did not know anything. The 1-yo was assessed as being safe in the home.

On 1/5/21, ACS spoke with school staff regarding the 6-yo SS. The staff member said the school administrators had been in contact with the SM about the 6-yo SS’s absences. The 6-yo was behind in school.

On 1/4/21, ACS opened a preventive service case and on 1/5/21, a conference was held to discuss enhanced preventive services to support the SM and SSs. The SM did not agree to services at this time. ACS placed an order for a toddler bed for the 1-yo. Later, on 1/8/21, SM accepted services.

On 1/11/21, ACS made a joint home visit with a service provider agency. ACS explained the services that would be provided. Services would include homemaking, parenting and “everything” that was discussed during the conference. The mother declined all services except therapy. ACS requested a daycare voucher for the three SSs.

On 1/21/21, ACS visited the home of the father of the 5-yo and 6-yo SSs. The father said the SM did not tell him the SC died. However, he had no concerns for the CHN with the SM. The 6-yo told ACS she did not talk to strangers. ACS attempted to engage the 5-yo but was unsuccessful.

On 1/28/21, the SM said her cousin and his paramour had moved out of state. The SM did not have contact information.

On 2/10/21, a follow-up conference was held. Services were again discussed with the SM and she declined ACS’s assistance. The mother said she was “doing her own bereavement services,” and did not disclose any additional details. She also declined ACS’s referral for EI services and offer for day care vouchers for the surviving siblings. The mother said



she had begun paperwork to have the 5-yo SS evaluated for school.

On 2/12/21, ACS sought a legal consultation and spoke with Family Court Legal Service (FCLS). FCLS agreed there was enough evidence to file for court ordered supervision (COS), but due to the emergency of the COVID-19 pandemic the Family Court was not taking cases solely for COS.

On 2/26/21, ACS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship of the SC by the SM. ACS documented there was no sign trauma. Additionally, the SM called for emergency services when she saw the SC unresponsive. ACS saw the home and bassinet and noted the sleeping arrangements were appropriate.

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 NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057228 - Deceased Child, Male, 1 Mons	057229 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated
057228 - Deceased Child, Male, 1 Mons	057229 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The documentation did not reflect the pediatrician was interviewed.

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 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 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 type="checkbox"/>	<input checked="" 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 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	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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Enhanced Preventive Services							

**Additional information, if necessary:**

The SM refused all other referrals for services, except for therapy.

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:

ACS ordered a toddler bed for the 1-yo SS.

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

Explain:

The SM met with the Certified Alcohol Substance Abuse Counselor and the outcome was a drug referral was not needed.

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? 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

The SM was known to the SCR and ACS in four reports dated: 8/21/14, 10/24/14, 1/20/16, and 8/11/16. The SM was listed as having no role in a report dated 3/9/11.

The allegations of the 3/9/11 report was IG of the then 4-month old (now deceased) SS by the father. The SM was listed as having no role. On 9/14/11, the report was IND and closed with no surviving children. During the investigation, additional information was received on 5/6/11 regarding the death of the CH. The allegations of the 8/21/14 report were LS, PD/AM,



and IG of the 6-yo by the SM and IG of the 6-yo by the father. On 10/31/14, ACS Sub the allegations of IG and Unsub the allegations of LS and PD/AM.

The allegations of the 10/24/14 report was IG of 6-yo SS by the SM and father. On 12/12/14, the report was Sub. The allegations of the 1/20/16 report was IG of the 5-yo SS and IG and B/S of the 6-yo SS by the SM and the father. On 3/14/16, the report was UNF and closed referred to community-based services.

The allegations of the 8/11/16 report were IG and IF/C/S of the 5-yo and 6-yo SSs by the SM. On 10/17/16, ACS Sub the allegations.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Preventive Services History

During the 3/9/11 investigation, ACS opened a Family Services Stage (FSS) as a result of the domestic violence in the home. The father hit the SM in the face with the CH's bottle and the CH was present during the incident. The parent's whereabouts were unknown, and they had not made themselves available. There was no contact with the SM since the death of the CH. The FSS was closed on 9/14/11 as there were no surviving CHN.

During the 8/21/14 investigation, ACS opened an FSS on 10/22/14 to document services related to domestic violence in the home. The SM and father of the 5-yo and 6-yo SSs had a history of DV. ACS closed the FSS due their inability to refer the family for services as the family had unstable housing. The FSS was closed on 4/3/15.

During the 8/11/16 investigation, ACS opened an FSS on 10/14/16. The services case was opened as ACS submitted a referral for PPRS. The SM did not receive any treatment or grief counseling for the loss of her CH in 2011, and was a survivor of DV. The FSS was closed on 2/17/17.

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