



**Report Identification Number: NY-15-080**

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

**Issue Date: 4/11/2016**

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**

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

**Case Information**



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

**Report Type:** Child Deceased  
**Age:** 0 day(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 09/28/2015  
**Initial Date OCFS Notified:** 09/28/2015

## Presenting Information

On 9/28/15, the SCR registered a report alleging that on that day at approximately 2:55 PM the SC was found deceased in an alleyway. The SC was found bleeding from the head and body with the umbilical cord attached. The SC had been thrown from a window. The SC was in the care of an unknown parent at the time of the incident. The allegations of the report were DOA/Fatality, L/B/W and IG of the SC by the unknown subject(s).

On 9/30/15, the SCR registered a second report that alleged today, 9/30/15, the BM gave birth to a baby girl in her apartment. The report added that after the child's first breath the BM purposely threw the newborn out of the window several floors up with the umbilical cord attached. The report also alleged as a result of the impact of hitting the ground the child sustained multiple injuries, including a fractured skull and died at the scene. This report had the same allegations as the 9/28/15 report and the reports were consolidated.

## Executive Summary

The SCR registered two reports regarding the death of this one day old female child. The first report was registered on 9/28/15, and the second on 9/30/15. According to the narratives of the reports, the BM gave birth to a baby girl and, with the umbilical cord still attached, threw the SC out of the window. On 9/28/15, the SC was found deceased on the ground in an alleyway by the building superintendent who called 911. The ME determined the SC died at the scene from multiple injuries, including a fractured skull. The allegations of both reports, which were consolidated are, DOA/Fatality, L/B/W and IG of the SC by the BM, whose identity was originally unknown on the 9/28/15 report, but had been identified by the 9/30/15 report. The cause of death was multiple blunt force injury to the head and the manner of death was homicide.

ACS' Bronx Field Office (BxFO) initiated the investigation within the mandated time frame by making numerous contacts. On 9/29/15 and 9/30/15, ACS made contact with the BF, PGF, PGM, MGM, LE, EMS and the mother of the male surviving half sibling and obtained information relevant to the death of the SC. The BF explained that he first became aware the BM was pregnant in April 2015 but she told him she had terminated the pregnancy in May, 2015. The BF stated the BM did not look pregnant which was consistent with statements from the PGM, who was at work at the time of the incident, and others who observed the BM.

ACS established that on 9/28/15, the BM was examined medically and psychologically at St. Barnabas Hospital before she was released to LE. The BM admitted to LE that she gave birth while in the PGM's apartment in the bathtub then threw the SC out of the PGM's window. The BM was arrested and has been incarcerated since 9/28/15 and has not responded to ACS' request for an interview.

ACS initiated the investigation timely and made contacts with the appropriate collaterals; however, the Safety Assessment decisions on three of the four safety assessments completed by ACS were not accurate. Information obtained during the investigation did not coincide with the selected safety factors on the safety assessments.

On 12/7/15, ACS substantiated the allegations DOA/Fatality, LBW and IG of the SC by the BM on the basis the BM



gave birth in the BF's apartment then threw the SC out of the window which caused fractured skull injuries and the death of the SC. ACS documented the BM's action directly contributed to the SC's death.

ACS exhibited good practice by having NJ CPS assess the safety of the surviving half sibling (SHS) who was in the home of the PGF in New Jersey after the investigation was initiated. ACS also arranged day care services for the SHS.

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? No

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? 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:

Required Actions Related to the Fatality

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

Table with 2 columns: Issue, Summary, Legal Reference, Action. Row 1: Issue: Timely/Adequate Seven Day Assessment; Summary: The Seven Day assessment was not adequately completed...; Legal Reference: SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c); Action: The Administration for Children's Services (ACS) must submit a corrective action plan within 45



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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 attended and what was discussed.

<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	The 24-Hour Safety Assessment was not adequately completed. The Specialist had contacted the family and learned the surviving half sibling (SHS) was in New Jersey. There was no attempt by the SHS's family to flee and their whereabouts were known.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	The Administration for Children's Services (ACS) must submit a corrective action 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 attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 09/28/2015

**Time of Death:** Unknown

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

**County where fatality incident occurred:**

BRONX

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

Yes

**Time of Call:**

02:39 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: Child had just been born.

**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:** 01



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## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	0 Day(s)
Deceased Child's Household	Father	No Role	Male	28 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	50 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Other Household 1	Sibling	No Role	Male	03 Year(s)

## LDSS Response

On 9/28/15, the ACS Specialist initiated the investigation by contacting LE who stated the BM told detectives the child found in the alleyway was her child. The BM initially denied it was her child then after a period of questioning by LE stated it was her child. The Specialist was also told the child's body had been transported to the Queens ME office but LE would not provide additional information because the death was still under investigation.

On 9/29/15, the Specialist visited St. Barnabas Hospital (SBH) and interviewed a Dr. and was informed the BM had been released to LE custody at 8:30 AM. The Dr. refused to provide medical information but gave a Yonkers, NY address for the BM.

On the same day, the Specialist visited the LE precinct, contacted EMS, interviewed the babysitter of the male three-year-old surviving half-sibling, (SHS) and contacted NJ DYFS for a visit to the PGF's home. The EMS liaison informed ACS the emergency call was received on 9/28/15, at 2:39 PM stating there was a child on the ground in an alley and that the first responder on the scene was EMS from SBH. The SBH medical technicians (EMT) declared the child dead due to an "open head fracture." The Specialist then visited the case address and interviewed a neighbor of the BF who stated he often saw the BF with the SHS. The neighbor was not familiar with the BM.

The Specialist interviewed the Babysitter (BS) of the SHS who resided in the same building as the BF. She stated the BF brought the SHS to her home on the day of the incident then left. The BS explained the SHS resides with his mother and that she did not know the BM but had been told by others the BM did not look pregnant. The SHS remained in her home until his mother arrived.

On 9/29/15, the Specialist interviewed the mother of the SHS who stated she had taken the SHS to his PGFs home in New Jersey because of the media attention. The mother stated she used the BS in the BF's building but added she and the SC reside elsewhere. The mother denied knowing the BM or that she was pregnant and added the relationship between her and the BF ended two years ago.

On the same date the PGF was contacted and confirmed the SHS was with him in NJ and that he was told the BM was pregnant but she had terminated the pregnancy. The PGF told the Specialist he is not involved with the BF. Later that day, ACS staff held a meeting regarding the death of another child of the BM in 2008. The Westchester County DA was contacted and they stated the SCR was called in 2008 but the case was not accepted because the death was deemed not suspicious because the ME determined the child's death was due to SIDS.

Between 9/30/15 and 12/7/15, ACS made collateral contacts regarding the death of the SC. On 9/30/15, the MGM was contacted and she confirmed the BM resided with her in Yonkers and had lost a 15-day-old infant to SIDS in 2008 and



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began to demonstrate clinical issues afterwards. The MGM stated she suspected the BM was pregnant but it was never confirmed and she did not know the BF. On the same date the Specialist interviewed the BF and was told the BM told him she was pregnant in April, 2015 but terminated the pregnancy in May, 2015. The BF said on the day of the incident the BM went into the bathroom and he checked on her and she explained she was "having her period" and asked for sanitary napkins which he provided then he left to meet a friend. The BF returned home and LE was there and asked him to come to the precinct where he was questioned. The BF informed LE he had no idea the BM was pregnant or that she threw the SC out of the window. The BF has not seen the BM since the incident. During the investigation ACS attempted to contact the BM. She never responded.

On 12/7/15, ACS substantiated the allegations DOA/Fatality, LBW and IG of the SC by the BM. ACS determined the BM gave birth in the BF's apartment then threw the SC out of the window which caused fractured skull injuries and the death of the SC.

## 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)?**No

**Comments:** The investigation adhered to approved protocols for joint investigation.

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

**Comments:** There is no OCFS approved CFRT for the New York City region.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
025361 - Deceased Child, Male, 0 Days	026421 - Mother, Female, 33 Year(s)	DOA / Fatality	Substantiated
025361 - Deceased Child, Male, 0 Days	026421 - Mother, Female, 33 Year(s)	Fractures	Substantiated
025361 - Deceased Child, Male, 0 Days	026421 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
025361 - Deceased Child, Male, 0 Days	026421 - Mother, Female, 33 Year(s)	Lacerations / Bruises / Welts	Substantiated

## CPS Fatality Casework/Investigative Activities



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	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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:**

ACS attempted to contact and interview the BM, who was arrested and has been incarcerated since 9/28/15; however, neither the BM or the Rikers Island correctional facility responded to ACS' request for an interview with the BM.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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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 and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 No removals were required for this investigation. The surviving half sibling was in the BF's home the day of the incident but did not reside with the BF. The BM had no other children.

## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?  
 Family Court                       Criminal Court                       Order of Protection

<b>Criminal Charge:</b> Murder <b>Degree:</b> 2			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
10/27/2015	Charges against the BM.	Unknown	Unknown



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<b>Comments:</b>	ACS documented the BM would be arraigned on 10/27/15. The charges are Intentional Murder in the 2nd Degree and Manslaughter in the 1st Degree.
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## 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:** vocational training, health insurance assistance

**Additional information, if necessary:**

ACS made numerous referrals for the BF to a drug treatment program, individual counseling, vocational training, and health insurance. The BF did not use any of the referrals offered by ACS. The mother of the surviving half sibling was provided with a referral for day care.

ACS offered to assist the BF with funeral assistance; however, the funeral was paid for by another agency.

**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 arranged for daycare services for the male SHS who resides with his BM at another address.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**

ACS attempted to have the BF engage in services; however, the BF refused all offers for services.

**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 within three years prior to the fatality.

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

The BM and BF had were not known to the SCR or to ACS prior to the fatality.

**Known CPS History Outside of NYS**



The parents have no CPS history outside of New York State.

**Services Open at the Time of the Fatality**

**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.

**Required Action(s)**

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

Yes No

**Foster Care Placement History**

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

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

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

**Recommended Action(s)**

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

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