



Report Identification Number: NY-16-001

Prepared by: New York City Regional Office

Issue Date: 7/8/2016

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

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
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased

Age: 12 year(s)

Jurisdiction: Bronx

Gender: Male

Date of Death: 01/01/2016

Initial Date OCFS Notified: 01/02/2016

Presenting Information

The 1/2/16 SCR report alleged that the 12-year-old male child died on 1/1/16, from cardiac arrest and that it was unknown why the child was in cardiac arrest or the circumstances leading up to his death including any medical reasons; Therefore, his death was suspicious. The persons responsible for the child at the time of death were the mother and father.

Executive Summary

This 12-year-old male child died on 1/1/16. NYCRO received from the ME, the report of external examination in February 2016. This report noted the ME did not conduct an autopsy for the case due to the parents' religious observations. The ME listed the cause of death as acute and chronic bronchial asthma and the manner as natural. The ME issued a death certificate and released the child's body to the parents for burial arrangement.

The allegations of the 1/2/16 report were DOA/Fatality and IG of the child by the parents.

According to the ACS findings, the child had a history of mild intermittent asthma and he was diagnosed with a developmental disability. The family physician described the child as high functioning and able to express his needs. The physician informed ACS that the parents were compliant with the children's medical needs.

During the interview with ACS staff, the mother said the child was fine and played in the home with visiting relatives on 12/31/15. The child and the relatives ran up and down the stairs of the home a few times and then the mother stopped the child and he used the nebulizer for approximately 30 minutes as usual. On 1/1/16, the mother went to work at 8:00 AM and the father supervised the child. According to the father, the child was fine when the mother called around 3:00 PM. When the mother arrived home at approximately 6:30 PM, she observed the child was wheezing and placed him on the machine. The mother assisted the child with affixing the nebulizer to his face and she left the room to tend to the sibling.

After about 10 minutes, the mother heard the nebulizer stop. She checked the child and observed he had disconnected the machine to use the bathroom. The mother observed the child in the bathroom with his arms raised above his head, indicating he was in distress and required medical attention. The mother attempted to assist the child to walk downstairs, however, the child signaled his inability to walk. The mother alerted the father and MU to the child's distress. The MU assisted the mother in carrying the child downstairs. The mother called 911. As instructed by the 911 operator, the mother placed the child on a hard and flat surface to perform CPR. There were two policemen nearby and they assisted the mother until EMS arrived at the home at 7:11 PM and continued CPR on the child. EMS transported the child and mother to the Lincoln Hospital. Document from the ME listed the time of arrival at the hospital as 7:28 PM and the official time of death as 8:09 PM.

ACS staff gathered pertinent information about the circumstances surrounding the child's death by observing the family's home, obtaining statements from the parents and MU and interviewing school and medical staff. ACS offered bereavement and burial assistance services and both parents declined due to their cultural beliefs and religious



practices. The family took the child's body to their native country for burial arrangements and then they returned to the Bronx.

ACS opened the Family Services Stage (FSS) on 1/5/16. ACS noted the purpose of the services was to support the family because the child died due to illness and the 8-year-old surviving sibling had a medical condition.

On 3/8/16, ACS unsubstantiated the allegations of DOA/Fatality and IG of the child by the parents on the basis that the child suffered an asthma attack, went into cardiac arrest and died as a result. ACS noted that the parents monitored the child's activities, supervised the child on the machine and responded immediately to obtain medical attention. The ACS staff observed the asthma medication and equipment in the child's bedroom during home visits. The parents contacted 911 and the mother performed CPR when the child was in distress. ACS referenced the death certificate which was signed by the ME who listed the official cause of death as Acute Bronchial Asthma.

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:

N/A

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:

N/A

Required Actions Related to the Fatality

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



NYS Office of Children and Family Services - Child Fatality Report

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	In the 24-Hour safety assessment, ACS selected safety factors which discussed the deceased child and was not relative to the comments about the surviving siblings. ACS noted the siblings were seen and appeared safe and well in the home.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a corrective action plan 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 Seven Day Assessment
Summary:	For the SCR report dated 1/2/16, ACS selected safety factors which did not include information about the surviving sibling. ACS approved the 7-Day safety assessment on 1/14/16.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must submit a corrective action plan 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:	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:	The SCR fatality report was dated 1/2/16. ACS completed and approved the 30-Day fatality report was completed and approved on 2/8/16.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	ACS must submit a corrective action plan 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:	Timeliness of completion of FASP
Summary:	As of 6/22/16, ACS has not yet completed the Initial and Family Assessment and Service Plans which were due on 2/4/16 and 4/4/16. However, the case remains open in the FSS stage.
Legal Reference:	18 NYCRR 428.3(f)(5)
Action:	ACS must submit a corrective action plan 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



NYS Office of Children and Family Services - Child Fatality Report

Date of Death: 01/01/2016

Time of Death: 08:09 PM

Time of fatal incident, if different than time of death: 07:00 PM

County where fatality incident occurred: BRONX

Was 911 or local emergency number called? Yes

Time of Call: 07:06 PM

Did EMS to 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: receiveing medication treatment

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

How long before incident was the child last seen by caretaker? 10 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	12 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

LDSS Response

ACS staff verified that the ME did not complete an autopsy due to the family's religious beliefs. The ME conducted a physical inspection and noted there were no suspicious marks or bruises on the child's body. The child's x-ray revealed normal results.

LE informed ACS that the officers responded to the home on 1/1/16 and there was no police investigation because police did not have suspicions concerning the child's death.

The ACS staff interviewed the mother and observed the 8-year-old sibling on 1/2/16. The father was not in the home. During the mother's interview, she stated everyone in the home was trained on how to use the medication machine including the child. The child was closely observed on the machine to assure proper administration by the mother or other trained adult in the home. The mother said due to the child's developmental disability the family implemented a safety measure for the child to raise his arms when he struggled to breathe. She stated that in December 2015, the child used the machine three times and was treated for respiratory issues at NY Presbyterian Hospital. However, ACS did not verify the mother's statement about the hospital visit. The mother stated she was advised to increase the child's medication dose on an as needed basis. The mother said the youngest sibling was not in the home and had been out of the country with the MGM since 8/15/15.

The staff observed the case address was a two family home with three levels. The family occupied the second and third levels of the home and the MGPs, MU and MA lived on the first level. The living environment appeared adequate, the sleeping arrangements were satisfactory and the family had sufficient provisions for the children. The 8-year-old sibling had a pre-existing medical condition and the ACS staff observed the prescribed medication delivery system on a table next to this sibling's bed.

The Specialist interviewed the father on 2/9/16. The father said he kept a close watch on the child because he knew the child had been sick on 12/31/15. The father said the child was home and was observed to be fine and he was surprised when the mother came home and placed the child on the machine. The father confirmed he knew how to operate the machine and how the child communicated respiratory distress.

The MU said on 1/1/16, prior to the incident, the child seemed fine. The MU observed the child played with relatives. The MU had no concerns about the level of care the parents provided the children.

ACS obtained and reviewed EMS documents which showed EMS received the call at 7:06 PM. Upon EMS' arrival to the home at 7:11 PM, the child was observed on the floor in arrest with no trauma or bleeding. EMS left the home at 7:24 PM, transported the child via ambulance to the hospital.

The child's physician stated a nurse instructed the parents on how to administer the nebulizer. ACS discussed the child's level of functioning pertaining to the case circumstances. According to the physician, the child was high functioning and was able to communicate verbally. The physician said the child was fully capable to self-administer medication. The children's medicals were up to date and there were no concerns regarding the parents ability to care for the children.

The school staff said the child received supportive services and had been thriving in the school setting. The staff explained that the mother was attentive and involved and there were no concerns regarding the child and sibling.

ACS staff visited the home on 4/7/16 and 5/13/16 and observed the surviving siblings were fine. ACS did not complete the Initial and Comprehensive Family Assessment and Services Plans due on 2/4/16 and 4/4/16, respectively and did not complete the 30 Day report in a timely manner.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner



NYS Office of Children and Family Services - Child Fatality Report

Multidisciplinary Investigation/Review

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

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
023281 - Deceased Child, Male, 12 Yrs	023284 - Father, Male, 45 Year(s)	DOA / Fatality	Unsubstantiated
023281 - Deceased Child, Male, 12 Yrs	023284 - Father, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
023281 - Deceased Child, Male, 12 Yrs	023283 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
023281 - Deceased Child, Male, 12 Yrs	023283 - Mother, Female, 33 Year(s)	DOA / Fatality	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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NYS Office of Children and Family Services - Child Fatality Report

documentation?

Additional information:

The youngest sibling resided with the MGM in a foreign country from 8/15/15 through February 2016. ACS visited the home and initially observed this sibling on 2/9/16. The sibling appeared developmentally age appropriate.

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 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 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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

Explain:
 For the SCR report dated 1/2/16 and ACS completed and approved the 7-Day safety assessment on 1/11/16 and the 30-Day safety assessment on 2/17/16.

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



NYS Office of Children and Family Services - Child Fatality Report

investigation?				
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: N/A				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



NYS Office of Children and Family Services - Child Fatality Report

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"/>				
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 family used extended family as resources. As of 6/21/16, the case remains open in the Family Services Stage although the family declined the ACS offer for services.

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

Explain:

The family declined ACS' offer for bereavement and case management services.

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

Explain:

The family declined to receive preventive or community based 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

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 family had no CPS history more than three years prior to the fatality.



Known CPS History Outside of NYS

There was no CPS history outside of NYS.

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