



Report Identification Number: NY-16-012

Prepared by: New York City Regional Office

Issue Date: 8/10/2016

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: 2 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 02/04/2016
Initial Date OCFS Notified: 02/04/2016

Presenting Information

On 2/4/16, the SCR registered a report alleging that the mother placed the two month old SC in her bassinet for a nap at 2:30 P.M. The report noted that mother checked the SC some time between 2:30PM and 5:45 P.M. and found her asleep. The report alleged that the father arrived home from work at 5:45 P.M. and went to the bedroom to check the SC when he found her lying on her stomach and unresponsive. The side of the SC's face was blue. EMS was called and performed CPR on the SC at the scene; however, it was unknown where the SC was located when EMS arrived. The report noted the SC slept in the room with the parents with her crib sitting next to her bassinet. The room appeared to be clean upon inspection by law enforcement. The SC was transported via ambulance to the Harlem Hospital where she was pronounced dead at 7:47 P.M. The report noted the SC was taking medication for a cold that was prescribed on 1/30/16. The report noted the SC had a heart condition, but details were unknown.

Executive Summary

The SC was two months old when she died on 2/4/16. An autopsy was conducted; however, as of 6/27/16 the ME has not provided the cause and manner of death.

On 2/4/16, the SCR registered a report with allegations of DOA/Fatality and Inadequate Guardianship of the SC by the parents.

The parents were interviewed by ACS and their account of the events leading to the SC's death was consistent with the information they reported to the NYPD and medical staff. According to the parents the SC was not feeling well for several days and was taken to the pediatrician on 1/30/16 where she was prescribed medication for a cold. The parents noted that the SC was given the medication as prescribed. However, on 2/3/16 and 2/4/16 the SC was having difficulty sleeping. The mother said that on 2/4/16, she laid the SC in her bassinet for a nap at 2:30 P.M. and checked the SC a couple of times. The SC remained asleep throughout the afternoon. The father arrived from work at 5:45 P.M. then went to the supermarket. When he returned, the parents discussed the fact that the SC had been sleeping for a long period. The parents thought that this might be due to the SC being tired from the lack of sleep. The parents indicated they went to the bedroom to check the SC and discovered she was unresponsive. The SC was lying on her stomach with both hands stretched above her head. The parents reported that the SC's face was blue; the father called 911. EMS responded to the home and transported the SC to Harlem Hospital where additional resuscitation efforts failed. The SC was pronounced dead.

ACS assessed the safety of the surviving siblings within the required timeframe and found them to be safe in the care of the parents. The siblings were also interviewed and their accounts did not deviate from the information provided by the parents.

During the investigation, ACS continued making bi-weekly visits to the family and no safety concerns were present in the home. ACS made contact with the children's schools, pediatrician, and family members; there were no concerns about the level of care they or the SC received from the parents.



The medical staff from the Harlem Hospital's pediatric emergency room indicated that the SC arrived at the hospital at 7:17 P.M. and was pronounced dead at 7:47 P.M. The medical staff noted that the SC's death was due to Sudden Infant Death Syndrome. However, the ME has not confirmed this information.

ACS contacted the EMS liaison who indicated that the 911 call was received at 6:53 P.M., EMS arrived at the case address at 6:56 P.M. and transported the SC to the hospital. The EMS noted that when they arrived at the home the parents were performing CPR and the SC was not breathing; she was lying on the floor with no pulse.

ACS has maintained ongoing contact with the ME and confirmed that the SC's pre-existing medical condition was healing and did not contribute to the infant's death.

As of 7/26/16, ACS has not made a determination.

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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

The determination is pending.

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

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

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

Explain:

The determination is pending.

Required Actions Related to the Fatality

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



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/04/2016

Time of Death: 07:47 PM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

06:53 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

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: 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	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)

LDSS Response

Following the reports to the SCR, ACS initiated the investigation by contacting the NYPD, hospital staff and EMS. None reported signs of abuse or maltreatment of the SC or the three surviving siblings.



The parents reported that the SC had been ill for several days and the mother took her to the doctor on 1/30/16 where she was prescribed medication for a cold. The parents noted that they gave the SC her medication as prescribed.

According to the parents, on 2/4/16, the father left to work at 7:55 A.M., and returned home some time between 5:25 P.M. and 5:45 P.M. The parents indicated that on 2/4/16 the SC was in the care of the mother and the older siblings all attended school. The mother reported the SC woke up at 5:00 A.M. and was a “bit fussy.” The mother said she laid the SC in the bassinet on her side and the SC fell back to sleep. At 7:30 A.M. and again at 12:45 P.M., the SC awoke and drank a 6-oz bottle of formula. The mother explained that she completed her house chores and while the SC was awake she entertained the SC by reading to and playing with her. The mother said she also took videos of the SC and sent them to the father at work. ACS observed the SC in a video where she appeared to be happy and smiling. The SC was sitting in the car seat, wearing a long sleeved onesie with a pampers.

The father said that the mother told him the SC had missed her 4:45 P.M. feeding and when he checked the monitor he saw the SC appeared to be asleep. The family had several video and audio systems in the home to monitor the SC. The father said he spoke to the surviving siblings and then went out to the supermarket. The father returned to the home around 6:30 P.M. On the monitor, the SC appeared to be asleep so the parents went to the bedroom to check the SC who was in the bassinet. The SC was lying on her stomach with a receiving blanket covering her from the waist down and was wearing a long sleeved onesie. The father pulled back the blanket and noticed that the SC did not move, he then placed his hand on her back and the SC did not react. The father said the mother picked up the SC and placed her hands under the SC’s underarm. The father said the mother began to scream and he noticed the SC’s face was a “bit blue.” The father said he yelled out to the older sibling for his cell phone and called 911. The father said that the 911 operator guided him to administer CPR to the SC. Therefore, he placed the SC on the floor and began CPR. The parents indicated that the NYPD, EMS and the FDNY responded shortly after the 911 call. The father said that from looking at the SC he knew she was “gone.”

ACS contacted the EMS’ liaison who indicated that the 911 call was received at 6:53 P.M., EMS arrived at the case address at 6:56 P.M. and transported the SC to the hospital. The EMS noted that when they arrived at the home the parents were performing CPR and the SC was not breathing; she was lying on the floor with no pulse.

The siblings were home at the time of the incident and were interviewed separately. All confirmed that when they arrived from school the SC was asleep and no one went to see her to avoid waking her up.

ACS made several visits to the home and found no safety hazards. An assessment of the home revealed the children had appropriate provisions. The SC had a crib, but preferred to sleep in her “Bugaboo Cameleon carriage,” which resembles a bassinet.

As of 7/26/16, ACS has not made a determination.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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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 NYC Region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
024761 - Deceased Child, Female, 2 Mons	024762 - Mother, Female, 39 Year(s)	DOA / Fatality	Pending
024761 - Deceased Child, Female, 2 Mons	024763 - Father, Male, 42 Year(s)	DOA / Fatality	Pending
024761 - Deceased Child, Female, 2 Mons	024763 - Father, Male, 42 Year(s)	Inadequate Guardianship	Pending
024761 - Deceased Child, Female, 2 Mons	024762 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Pending

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 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"/>



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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input 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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?				
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"/>

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

Additional information, if necessary:
N/A

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? N/A

Explain:

N/A-The family was offered bereavement services, but refused.

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

Explain:

N/A- The family was offered bereavement services, but refused.

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 SC's parents were known as the subject of an indicated report dated 5/14/08 for allegations of Lack of Supervision, Sexual Abuse and Inadequate Guardianship of the mother's then 10 and 15 year old children.

ACS filed an Article 10 Petition with the Manhattan Family Court on 5/19/08 seeking a remand of the oldest child (now an



adult). The remand was granted and the younger children (siblings listed in the fatality) were paroled to the parents with court ordered supervision (COS). A referral was made for PPRS. The COS ended on 9/15/10.

Known CPS History Outside of NYS

The family had no known CPS history outside the 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

The family was referred for PPRS by ACS; a service case was opened on 6/6/08. The family received referrals and advocacy for housing, and public assistance and other needed services. The family also received parenting information and clinical services. The PPRS case was closed on 6/28/10 noting goals were achieved. The parents were gainfully employed, and the children were attending school and clinical appointments.

Required Action(s)

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

Yes No

Foster Care Placement History

The mother's son (adult child) was remanded on 5/19/08 and returned home on 11/26/08. He was included in the COS and PPRS services.

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