

Report Identification Number: NY-14-081

Prepared by: New York City Regional Office

Issue Date: 1/7/2015

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

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<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

Case Information

Report Type: Child Deceased
 NY-14-081

Jurisdiction: Queens

Date of Death: 07/11/2014

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Age: 10 month(s)

Gender: Male

Initial Date OCFS Notified: 07/11/2014

Presenting Information

On 7/10/14, the mother was co-sleeping with the ten-month-old infant. He was found unresponsive and at approximately 11:28 PM, 911 was contacted. The attempts to revive the infant were unsuccessful; he died 7/11/14. It was believed the mother co-sleeping with the infant contributed to his death. He was an otherwise healthy infant and was recently seen by a physician for a cold. It was unknown whether he was prescribed medication. The MGM and father had unknown roles.

Executive Summary

The ten-month-old infant died on 7/11/14 in Queens, New York. In December 2014, NYCRO received the Medical Examiner's report which listed the cause of death as Acute and chronic tracheobronchitis and interstitial pneumonia and the manner of death as Natural.

On 7/11/14, the SCR registered a report which included the allegations of DOA/Fatality and IG of the infant by the mother. The father and PGM had unknown roles.

ACS appropriately investigated the report in a timely manner. According to ACS findings, on 7/10/14, the infant was not feeling well during the day: he was agitated, appeared ill and had difficulty sleeping. The mother gave him baby Motrin and placed him on his stomach to sleep. They both fell asleep. When the mother woke she observed the infant had an unusual appearance and she sought assistance from the father. The father alerted the PGM who called 911 and administered CPR until the first responders arrived at the case address.

On 10/16/14, ACS unsubstantiated the allegations of DOA/Fatality and IG of the infant by the mother on the basis that the mother provided a minimum degree of care to the infant. In the Investigation Conclusion Narrative, ACS noted on 7/11/14, the infant died in Franklin General Hospital. There was no trauma to the body. The NYPD detective completed an investigation and closed the case because there was no arrest or suspicion of homicide. The autopsy listed the cause of death as acute and chronic tracheobronchitis and interstitial pneumonia and the manner of death as Natural. The parents did not have surviving children and there were no further services needed.

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?** No
 - **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** Yes, sufficient information was gathered to determine all

- investigation?** allegations.
• **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

ACS conducted an appropriate investigation of the allegations of DOA/Fatality and IG of the infant.

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:

ACS obtained adequate information during the course of the investigation to appropriately determine the allegations and close the case.

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: 07/11/2014

Time of Death: 11:14 PM

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

County where fatality incident occurred: QUEENS

Was 911 or local emergency number called? Yes

Time of Call: 11:28 AM

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:

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Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	3 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Month(s)
Deceased Child's Household	Father	No Role	Male	18 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	44 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)

LDSS Response

The ten-month-old infant died on 7/11/14 in Queens, New York. On 12/9/14, NYCRO received the Medical Examiner (ME) report which listed the cause of death as Acute and chronic tracheobronchitis and interstitial pneumonia and the manner of death as Natural.

On 7/11/14, the SCR registered a report which included the allegations of DOA/Fatality and IG of the infant by the mother. The father and PGM had unknown roles.

ACS initiated the investigation by interviewing the family, medical staff, New York Police Department (NYPD), ME and relevant collateral contacts. The parents were interviewed separately and provided a similar account of the events.

According to the ACS case record, on 7/10/14, during the day, the infant was not feeling well: he was agitated and he had difficulty sleeping. The mother gave him infant Motrin and placed him on her stomach to sleep; they both fell asleep. When the mother woke, she observed the infant did not appear normal and she sought the father's assistance. The father observed the infant to be lifeless and alerted the PGM who called 911; first responders arrived and attempted to revive the infant to no avail. The infant was transported to the hospital and pronounced dead on 7/11/14 at 1:14 AM.

The PGM confirmed she administered CPR to the infant; he threw up, but remained unresponsive. The Specialist interviewed extended family members who stated the parents provided good care of the infant.

The NYPD completed an investigation and there was no suspicion of foul play. The preliminary autopsy results showed there was no trauma to the infant's body; the NYPD closed the case. The Specialist obtained information from the EMS liaison and noted the 911 call from the case address came in at 11:28 AM, the infant was non-responsive and CPR was administered before transporting infant to the hospital. The infant was taken for blood work on 7/9/14. There was no bruising, hemorrhaging, or trauma to the body observed by the hospital Emergency Room staff.

ACS reviewed the infant's medical records; the last visit to the pediatrician was a sick appointment on 6/26/14 and there were no medical issues or concerns of maltreatment.

The case planner from Episcopal Community Services informed ACS that the parents were compliant with preventive services. On 7/8/14, the last home visit was conducted and the infant was observed to have a runny nose and was feverish off and on. There were no safety issues noted during the visit.

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On 10/16/14, ACS completed the investigation and unsubstantiated the allegations of DOA/Fatality and IG of the infant by the mother. The mother provided a minimum degree of care to the infant; the NYPD completed an investigation and closed the case as there was no suspicion of abuse/maltreatment. The ME's report listed the manner of death as Natural. The parents had no surviving children in the parent's household.

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

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 NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Male 10 Month(s)	Mother Female 18 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 10 Month(s)	Mother Female 18 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The SCR Report source contacted?	<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"/>
Public or Private Child Care	<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"/>

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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"/>

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

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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 instigation?	<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"/>

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

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

Additional information, if necessary:
 The parents were in receipt of preventive 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? N/A

Explain:
 The parents had no surviving children.

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

Explain:
 The family was referred for bereavement counseling; however, they declined the offer for services and opted to receive services in the community.

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? Yes
- 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? N/A
- 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

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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/21/2013	661-Deceased Child, Male, 3 Months	541-Father, Male, 20 Years	Burns / Scalding	Unfounded	Yes
	661-Deceased Child, Male, 3 Months	541-Father, Male, 20 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 On 12/15/13, the infant sustained a burn on the right wrist while in the care of the father. The infant had a blister on his wrist from the injury. The father did not seek medical attention for the infant. The father's explanation for the injury was not consistent with the injury observed on the infant. The mother had no role.

Determination: Unfounded **Date of Determination:** 01/28/2014

Basis for Determination:
 ACS unsubstantiated the allegations of B/S and IG of the infant by the father. In the Investigation Conclusion Narrative, ACS noted the incident was accidental and criminal charges were not filed "due to a lack of evidence to support signs of negligence or mal-intent." ACS added that the parents agreed to accept preventive services.

OCFS Review Results:
 ACS investigated the allegations and during the investigation, the agency learned the mother took the infant to the hospital when she became aware of the incident. ACS provided information for the parents to voluntarily seek parenting skill classes and encouraged the mother to pursue her educational goals.

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

Issue:
 Overall Completeness and Adequacy of Investigations

Summary:
 The ACS investigation assessed the mother's household although the father was the subject of the report and resided at a different residence.

Legal Reference:
 SSL 424.6 and 18 NYCRR 432.2(b)(3)

Action:
 ACS must meet with staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed. ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/13/2014	609-Deceased Child, Male, 9 Months	610-Father, Male, 18 Years	Inadequate Guardianship	Unfounded	No

Report Summary:
 On 6/13/14, the father physically assaulted the mother in the presence of the infant. During the altercation, the father smacked the mother in the face. The infant was not injured during the incident. The family had a history of domestic violence. The roles of the MGM and three-year-old MU were unknown.

Determination: Unfounded **Date of Determination:** 08/08/2014

Basis for Determination:
 ACS unsubstantiated the allegation of Inadequate Guardianship of the infant by the father on the basis that the father provided the infant with a minimum degree of care. Both parents denied the father hit the mother; they had an altercation, but he did not strike her. The father was referred to a Father Initiative program for services.

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OCFS Review Results:

ACS appropriately investigated the allegation of Inadequate Guardianship by interviewing the parents, family, and collaterals including the case planner. ACS appropriately completed the safety assessments and visits to the home were conducted to ensure the continued safety of the infant. The father was referred to a Father's Initiative program for services.

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

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

The mother was not known as a subject of a report.

Known CPS History Outside of NYS

The family has no known history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 01/07/2014

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 01/07/2014

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine

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Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The Episcopal Community Services agency was assigned case planning responsibility. The services included parenting skills, domestic violence, family and individual counseling for the parents and referrals for child care and Early

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Intervention for the infant. The parents were compliant with the service plan.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

As a result of investigation of the 12/21/13 report, ACS found the family required support to address domestic violence, child care needs and mental health needs. On 1/7/14, a Family Services Stage (FSS) was opened and on 4/11/14, preventive services were initiated. The family was referred for Purchased Preventive Services (PPRS) under the supervision of the Episcopal Community Services agency. The infant was referred for case management services, Early Intervention, and child care. The parents were referred to parenting skills, domestic violence, counseling and education advocacy. The parents were compliant with services. On 7/8/14, the case planner last visited the home and observed the infant running around the home playing with the father. There were no physical marks/bruises on the infant. There was no safety concern noted. On 10/16/14, the case was closed as the child died on 7/11/14 and the parents had no other children.

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 legal activity as a result of 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