

Report Identification Number: NY-14-086

Prepared by: New York City Regional Office

Issue Date: 2/6/2015

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.

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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-plumonyary 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	MN-Medical Neglect	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 Suprevision
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

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Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 08/10/2014
Initial Date OCFS Notified: 08/11/2014

Presenting Information

According to the narrative of the report, the two-year-old male child was not being properly supervised on the morning of 8/10/14. At approximately 4:00 A.M., the child fell out of the window and landed five floors down on a ledge in the courtyard of the second floor. The report alleged the window guards in the home were not properly installed. As a result, the child was able to climb out of the window and fell to his death. The child sustained numerous internal injuries and broken bones and he was also in cardiac arrest. At 4:30 A.M., the child arrived at Lincoln Hospital Pediatric Emergency Room (PER) and was listed in critical condition. The PER medical staff attempted to revive the child; however, at 6:00 A.M., the child was pronounced dead. The child died as a result of the injuries he sustained from the accident. The report also alleged that the child was in the care of his parents at the time of the accident.

Executive Summary

At 1:40 A.M. on 8/10/14, the parents left their son in the PGM's care. The child was asleep at the time but the PGM was awake and alert; and she agreed to watch the child. At approximately 4:00 A.M., the parents returned home and could not find the child. The PGM was unable to account for the child's whereabouts. The father then looked out of the window and saw his son on the ledge below. The child had fallen out of the window and landed five floors in a courtyard. The father rushed to the second floor to retrieve his son. A neighbor called 911 and EMS arrived minutes later. The child sustained several internal injuries and broken bones. He was also in cardiac arrest. The child was taken to Lincoln Hospital PER and was listed in critical condition. PER staff made futile efforts to revive the child; and at 6:00 A.M., they declared him deceased. The mother did not have any other child. The father had a six-year-old daughter who lived with her BM at another address but the father had no contact with the child.

On 8/10/14, the ACS BxFO Specialist visited the case address and was denied access to the home by NYPD which initially was deemed a crime scene. However; ACS was able to interview the parents and assess the home on 8/11/14.

On 8/11/14, the Specialist visited the surviving half sibling at her BM's home and did not report any concerns for the child. The Specialist ordered a bed for the child because she shared a bed with her mother.

On 08/12/2014, the ME reported the child's cause of death was blunt force trauma to the head and body with multiple fractures and hemoaspiration. The manner of death was ruled an accident. The child's injuries were acute and consistent with a fall.

On 10/9/14, ACS substantiated the allegations; IG and LS against the PGM. The PGM was the PLR at the time of the incident but she failed to properly supervise the child by leaving the child alone while she was behind a closed door in her bedroom. ACS unsubstantiated the allegations of DOA/Fatality, FX, and II against the PGM and the parents on the basis of the ME's decision that the death of the child was an accident. NYCRO does not agree with this decision as ACS did not properly apply the elements of the definition of maltreatment.

ACS offered the family CBO services to deal with their loss

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? 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? No

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.

Required Actions Related to the Fatality

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

Issue:	Appropriate Application of Legal Standards (Abuse/Maltreatment)
Summary:	The lack of supervision by the PGM played a role in the child's death. Although the PGM was in the home, she was in her bedroom and had the bedroom door closed. This prevented her from providing adequate supervision to this child.
Legal Reference:	SSL 412(1) and 412(2)
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:	Appropriateness of allegation determination
Summary:	The allegation of DOA/Fatality of the child by the PGM should have been substantiated. There was credible evidence the PGM's lack of supervision played a role in the child's death.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(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.

Fatality-Related Information and Investigative Activities

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Incident Information

Date of Death: 08/10/2014

Time of Death: 06:00 AM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

04:22 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: Child was awake and active.

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Unknown if they were 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	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	48 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)

LDSS Response

On 8/10/14, the ACS BxFO Specialist visited the case address visited the case address and was denied access to the home by NYPD which deemed the home a crime scene. The NYPD also barred ACS' contact with the family pending the completion of the preliminary criminal investigation.

On 8/11/14, the Specialist contacted the NYPD detective and the ME who reported that the child's death was a result of an unfortunate accident.

Also on 8/11/14, the Specialist contacted the child's pediatrician and the SW at Lincoln Hospital who did not any concerns of abuse and neglect regarding the child. The SW stated on 9/8/13, the child was seen for an assessment and he was deemed fine. There were no reported concerns of abuse and neglect at the time of the visit. The pediatrician stated the child's immunizations were current and that he was not on any medication or had any medical concerns.

On 8/11/14, the Specialist visited the family and they denied it was typical of the child's behavior to play by the window. They also denied they had concerns for the PGM harming their son and stated the PGM loved the child. The parents stated the PGM did not have any clinical health diagnosis and they did not observe her with any signs of concerning behaviors prior to the incident. The PGM went to bed at 1:40 A.M. but the case notes did not reflect she checked on the child afterward. She denied she consumed any alcoholic beverages on the night of the incident. Also, the family's neighbors did not report any concerns for the child or the family. The Specialist then visited the surviving half sibling at her BM's home and did not report any concerns for the child. The Specialist ordered a bed for the child because she shared a bed with her mother.

On 08/12/2014, the ME reported the child had multiple fractures and suffered extensive bleeding. The child's cause of death was blunt force trauma to the head and body with multiple fractures and hemoaspiration; the manner of death was deemed an accident. The child did not have any old injuries and appeared well cared for. The child's injuries were acute and consistent with a fall.

On 8/18/14, the surviving half sibling's school visit did not yield any evidence of behavioral concerns for the child.

On 8/25/14, the Specialist contacted the CW who previously worked with the family. The CW did not report any concerns regarding the family members and stated the now deceased child was observed well cared for at all times.

On 10/9/14, ACS substantiated the allegations; IG and LS against the PGM. The PGM was the PLR at the time of the incident but she failed to properly supervise the child by leaving the child alone while she was behind a closed door in her bedroom.

ACS unsubstantiated the allegations of DOA/Fatality, FX and II against the PGM and the parents. ACS based its decision on the ME who ruled the child's death an accident. Also, the parents were not present at the time of the incident.

ACS offered the family CBO services to deal with their loss.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

Comments: There is no OCFS approved CFRT in NYC.

SCR Fatality Report Summary

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Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Male 2 Year(s)	Mother Female 23 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 2 Year(s)	Mother Female 23 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 2 Year(s)	Mother Female 23 Year(s)	Fractures	Unsubstantiated
Deceased Child Male 2 Year(s)	Mother Female 23 Year(s)	Internal Injuries	Unsubstantiated
Deceased Child Male 2 Year(s)	Mother Female 23 Year(s)	Lack of Supervision	Unsubstantiated
Deceased Child Male 2 Year(s)	Father Male 25 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 2 Year(s)	Father Male 25 Year(s)	Fractures	Unsubstantiated
Deceased Child Male 2 Year(s)	Father Male 25 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 2 Year(s)	Father Male 25 Year(s)	Internal Injuries	Unsubstantiated
Deceased Child Male 2 Year(s)	Father Male 25 Year(s)	Lack of Supervision	Unsubstantiated
Deceased Child Male 2 Year(s)	Grandparent Female 48 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 2 Year(s)	Grandparent Female 48 Year(s)	Inadequate Guardianship	Substantiated
Deceased Child Male 2 Year(s)	Grandparent Female 48 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The SCR Report source contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine

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Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 type="checkbox"/>	<input checked="" 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:
 The parents were engaged in therapeutic services due to the death of the child. These services were not arranged by ACS.

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:

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There were no other minor children in the care of the family; however, ACS ordered and processed a bed for the father's estranged three-year-old child and the deceased child's half sibling who resided with their mother.

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

Explain:
There were no other minor children in the care of the family. ACS offered the family community based services to deal with their loss.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
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? N/A
Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/10/2013	691-Deceased Child, Male, 21 Months	681-Father, Male, 24 Years	Inadequate Guardianship	Indicated	No

Report Summary:

On 10/10/13, the father assaulted the mother while she had the now deceased child in her arms. As a result, the mother fell on top of the child; however, there were no injuries noted.

Determination: Indicated **Date of Determination:** 12/06/2013

Basis for Determination:

On 12/9/13, ACS substantiated the allegation of IG against the father due to findings of credible evidence to support the indication of the allegation. During the investigation, the father admitted to throwing a remote control at the mother while she held the child. The mother lost her balance; however, the child was not injured. The father's action put the child was at risk of being injured. ACS offered DV services to the family which they declined. On 2/6/14, ACS closed the case with the closure reason; services no longer accepted.

OCFS Review Results:

Following a review of the report, there were no issues or concerns noted.

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

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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Report	Victim(s)	Perpetrator(s)			Issue(s)
08/10/2014	684-Deceased Child, Male, 2 Years	685-Father, Male, 25 Years	Fractures	Unfounded	No
	684-Deceased Child, Male, 2 Years	685-Father, Male, 25 Years	Inadequate Guardianship	Unfounded	
	684-Deceased Child, Male, 2 Years	685-Father, Male, 25 Years	Internal Injuries	Unfounded	
	684-Deceased Child, Male, 2 Years	685-Father, Male, 25 Years	Lack of Supervision	Unfounded	
	684-Deceased Child, Male, 2 Years	686-Mother, Female, 23 Years	Fractures	Unfounded	
	684-Deceased Child, Male, 2 Years	686-Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	684-Deceased Child, Male, 2 Years	686-Mother, Female, 23 Years	Internal Injuries	Unfounded	
	684-Deceased Child, Male, 2 Years	686-Mother, Female, 23 Years	Lack of Supervision	Unfounded	
	684-Deceased Child, Male, 2 Years	687-Grandparent, Female, 48 Years	Inadequate Guardianship	Indicated	
	684-Deceased Child, Male, 2 Years	687-Grandparent, Female, 48 Years	Lack of Supervision	Indicated	

Report Summary:
 In the morning of 8/10/14, the parents had been out for the night and left their son in the PGM's care. At about 4:00 A.M., the parents returned home and could not find the child. The father looked out of the window and saw the child on the ledge below. The child had fallen out of the window and landed five floors below in a courtyard. A neighbor called 911 and EMS arrived at the scene. The child had sustained several internal injuries and broken bones. He was also in cardiac arrest. At 4:30 A.M., the child arrived at Lincoln Hospital PER and was listed in critical condition. ER staff made unsuccessful efforts to revive the child; and at 6:00 A.M., they declared him deceased.

Determination: Indicated **Date of Determination:** 10/09/2013

Basis for Determination:
 ACS found credible evidence to support the determination of the report. Based on the evidence gathered during the investigation, the PGM was the PLR at the time of the incident; however, she failed to properly supervise the child by leaving the child alone while she was behind a closed door. The PGM also left the window open in a manner that allowed the child to fall through. The parents were not present when the incident occurred and they had made appropriate plans for their son with the PGM prior to their leaving the home.

OCFS Review Results:
 ACS conducted the investigation appropriately.

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

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

The father and his now estranged wife were the subjects of a 2/15/11 report which alleged IFCS, INGD and PD/AM. The report stated the parents failed to provide their three-year-old daughter with enough food and clothing. The mother had little food in her home and the home was unsanitary. There were dirt, dirty clothes and dirty dishes about the home. One of the children at the mother's home found a bag of cocaine. The now deceased child was not born at the time of the report.

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ACS Bronx Field Office investigated the allegations of the report and on 3/20/11, ACS unsubstantiated all the allegations due to lack of credible evidence. During investigation, the Specialist found the child to have appropriate clothes for different seasons and there was adequate sleeping arrangement in the home. The family had ample amount of food in the home for the child. ACS determined the child was well cared for and the family did not need services.

Known CPS History Outside of NYS

The family did not have any known 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