



Report Identification Number: NY-15-061

Prepared by: New York City Regional Office

Issue Date: 2/9/2016

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



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

Jurisdiction: Bronx
Gender: Female

Date of Death: 08/15/2015
Initial Date OCFS Notified: 08/16/2015

Presenting Information

On 8/15/15, the BF was driving a vehicle on the Taconic Parkway with the BM and his two and one-year-old daughters in the car. The BF had the two-year-old child on his lap, pretending to drive the car; the child was not in a car seat or restrained. The two-year-old child turned the steering wheel of the car and the mother reached over to the wheel to correct the turn and over compensated. The vehicle then flipped, rolled over and struck another vehicle. As a result, the two-year-old child died from injuries sustained during the accident. Exact injuries were unknown. The one-year-old sustained a fractured left ankle. The parents sustained injuries that caused them both to be hospitalized. The one-year-old was strapped into a car seat at the time of the accident.

Executive Summary

On 8/16/15, the SCR registered a report that alleged DOA/Fatality and IG of a two-year-old female child by the parents. The child died in a traffic accident on 8/15/15, at approximately 3:45 P.M., on the Taconic Parkway in Westchester County(WC). The report alleged the SC was sitting on the BF's lap, pretending to drive, when the BM, (the front passenger) attempted to correct the steering and overcompensated, which caused the vehicle to lose control.

The New York State Police reported that the two-year-old female child was pronounced dead at the scene; the one-year-old SS and the parents survived the crash and were admitted to the Westchester Medical Center (WMC). LE reported that both children were ejected from the vehicle and that both car seats were observed to be in the back seat of the vehicle. The ME investigator reported the SC sustained a laceration to the right side of the neck; however, it was unclear whether the laceration was caused by the SC's seat belt. The SS was found with multiple injuries; she was medically treated and released weeks after the accident.

The WC Multidisciplinary Team (MDT) initiated the investigation and learned the family resided in the Bronx; therefore, the ACS Bronx Field Office joined the investigation.

Both parents, in separate interviews, denied that the SC was not in her car seat. The ADA and LE reported they had not received any information stating the SC was not in her car seat and that they had no evidence to support the allegation. The investigation remained open with no criminal charges pending. The investigation also revealed that although the BF denied using any type of drug or medication, the toxicology report reflected he tested positive for benzodiazepines and cannabinoids on the day of the accident. The BM's results were negative. As a result of the toxicology reports, on 8/21/15, ACS filed an Article Ten Petition of Abuse and Maltreatment Neglect in the Bronx Family Court (BxFC) against the BF and on behalf of the SS. The BxFC ordered supervision of the SS by the paternal grandparents and the BM, providing they relocated to the grandparents' home.

The parents received random drug screening on 9/2/15, 9/28/15, 10/7/15, and 10/13/15. The results for both parents were negative except for the BF's on 10/13/15, which reflected a positive result for alcohol. The BF stated he had attended a family luncheon prior to the test. The parents engaged in bereavement counseling and the SS received early intervention. The BF later admitted he was treated for anxiety and depression but denied illegal drug use. ACS interviewed the BF's Dr who confirmed the medication information.



On 8/31/15, the WC ME reported the cause of the SC's death was blunt force trauma of body with fractures of skull; intermeningeal hemorrhages, and lacerations of brain, liver, and spleen.

The SS was up to date with immunizations and Dr visits. The BxFC set dates for fact finding.

On 10/26/15, the allegations of DOA/ Fatality, IG and PD/AM of the SC and IG, PD/AM for the SS were substantiated against the BF. All allegations against the BM were unsubstantiated.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
- Approved Initial Safety Assessment? Yes
- Safety assessment due at the time of determination? Yes
Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

ACS interviewed the collaterals pertinent to this investigation.

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:

ACS made the determination on the allegations; however, the case remains open with FSU for services and monitoring.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information



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Date of Death: 08/15/2015

Time of Death: 03:45 PM

County where fatality incident occurred:

WESTCHESTER

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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

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At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

Total number of deaths at incident event:

Children ages 0-18: 001

Adults: 005

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)

LDSS Response

The death of this child occurred in Westchester. On 8/16/15, the Westchester County/ White Plains Multidisciplinary Team (MDT) responded to a report registered by the SCR within the required timeframe. The MDT obtained information from the first responders confirming that on 8/15/15 at approximately 3:45 P.M., a traffic accident occurred on the Taconic Parkway in Westchester County. The New York State Police notified the ME and ADA that a two-year-old child was pronounced dead at the scene of the accident; a one-year-old child and her parents survived the crash and were admitted to



the Westchester Medical Center (WMC).

The ACS Bronx Field Office joined the investigation as the parents and children resided in the Bronx. The report narrative alleged that the SC was sitting on the BF's lap, she turned the steering wheel and the mother reached over to correct the turn and over compensated, causing the vehicle to careen out of control.

During the course of the investigation, ACS interviewed the parents, ME, ADA, LE, hospital staff and the extended family members.

ACS learned from LE that contrary to what was alleged, the BF's vehicle went out of control and careened over the median, went airborne, and landed on the side of oncoming traffic, where it collided with three other vehicles. Both children were ejected from the vehicle. The SC's car seat was located behind the BM and the surviving child's car seat was behind the driver (BF). LE reported no arrests were made and the accident remains under investigation. Based on media coverage of this accident, there were five adult fatalities and eight others injured; however, LE has not released an investigation summary to ACS.

On 8/18/15 and 8/20/15, ACS held child safety conferences at the hospital and interviewed the parents. When asked about the allegation, both parents denied that the SC was ever out of her car seat. The ADA and LE investigator reported there was no evidence to support the allegation, no criminal charges were pending against the BF; however, the investigation remained open. The BM stated she did not recall what happened that may have caused the accident. The BF stated he was driving at 55 to 60 mph, when he noticed something hanging from the sunroof of the vehicle, he reached over, without turning his head, and the car flipped.

The BF denied using drugs or alcohol or having mental health conditions at any time. However, WMC and the ADA reported the BF's test results for that day, were positive for benzodiazepines and cannabinoids. Tests results for the BM were negative.

On 8/21/15, ACS filed an Article Ten Petition of Neglect and Abuse in the Bronx Family Court (BxFC) against the BF and on behalf of the SS. ACS reported to the court the BF's positive tests results from the WMC. The BxFC placed the SS with the BM, providing they moved into the paternal grandparents' home. The BF was granted supervised visits that later changed as he moved into the home also. The parents engaged in bereavement counseling and the SS received early intervention services. The BF denied drug use and declined the related services. The parents submitted to random drug screenings on 9/2/15, 9/28/15, and 10/7/15; the results were negative. The BF's results for 10/13/15 were positive for alcohol; he explained he attended a family luncheon and had a drink prior to the test.

The BF later admitted to being treated for anxiety and depression months earlier; he presented to the BxFC the prescription regarding his treatment. ACS confirmed the information with his Dr.

ACS appropriately completed the necessary safety assessments and RAP and on 10/26/15, ACS substantiated the allegations of DOA/ Fatality, IG and PD/AM of the SC and IG, PD/AM of the SS by the BF based on his test results for that day. All allegations against the BM were unsubstantiated.

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



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Multidisciplinary Investigation/Review

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

Comments: ACS investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?Yes

Comments: While there is no OCFS approved Child Fatality Review Team in the NYC region, ACS and Westchester County CPS conducted an investigation of this report. Westchester County's CFRT hld a case review on 8/31/15 in Westchester; ACS staff were in attendance. For their investigation, ACS documented information from this review into the CONNECTIONS database.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
023361 - Deceased Child, Female, 2 Yrs	023362 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
023361 - Deceased Child, Female, 2 Yrs	023363 - Father, Male, 33 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
023361 - Deceased Child, Female, 2 Yrs	023362 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
023361 - Deceased Child, Female, 2 Yrs	023363 - Father, Male, 33 Year(s)	DOA / Fatality	Substantiated
023361 - Deceased Child, Female, 2 Yrs	023363 - Father, Male, 33 Year(s)	Inadequate Guardianship	Substantiated
023364 - Sibling, Female, 1 Year(s)	023362 - Mother, Female, 22 Year(s)	Fractures	Unsubstantiated
023364 - Sibling, Female, 1 Year(s)	023362 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
023364 - Sibling, Female, 1 Year(s)	023363 - Father, Male, 33 Year(s)	Fractures	Substantiated
023364 - Sibling, Female, 1 Year(s)	023363 - Father, Male, 33 Year(s)	Inadequate Guardianship	Substantiated
023364 - Sibling, Female, 1 Year(s)	023363 - Father, Male, 33 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

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 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"/>



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All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS reviewed the necessary documentation pertinent to the investigation.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to
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				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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:

On 8/21/15, ACS filed an Article Ten Petition of Abuse and Neglect in the Bronx Family court on behalf of the surviving one-year-old child, against the BF. The petition cited the results of the BF's drug tested positive for benzodiazepine and cannabis. The BM's results were negative for all substances. The court ordered the child to be placed with the BM and they were to reside at the paternal grandparents' home. The SF's visits were to be supervised by the SM or PGP's.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/21/2015	There was not a fact finding	There was not a disposition
Respondent:	023364 Sibling Female 1 Year(s)	
Comments:	On 8/21/15, ACS filed an Article Ten Petition of Neglect and Abuse in the Bronx Family Court (BxFC) on behalf of the surviving sibling against the BF. ACS reported to the court that based on the Westchester Medical Center toxicology report, the BF tested positive for benzodiazepines and cannabinoids on the day	



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of the accident. The BM's test results were negative.

The Bx.FC placed the child with the BM providing she and the child move into the paternal grandparents' home. The paternal grandparents' and the BM were to supervise the BF visits. ACS returned to the BxFC on 10/19/15, and the BF was ordered to submit to random drug screening. The visits then became unsupervised when the BF moved into his parents' home after he was discharged from the hospital. The parents engaged in bereavement counseling and random drug screening; however, the BF denied drug use and declined the related services. The surviving child received early intervention and continues to heal. The BxFC set pre-fact finding dates for the family.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The surviving sibling continues to receive early intervention services. The father declined mental health and drug rehabilitation services. Both parents engaged in bereavement services under the auspices of Jewish Board of Family and



Children 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? Yes

Explain: The one-year-old surviving sibling was transported to the Westchester Medical Center on 8/15/15. She was treated for her injuries and on 8/18/15, she was discharged to her BM and paternal grandparents' care. She received early intervention.

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

Explain: As a result of the Article Ten Petition, the parents engaged in bereavement counseling and random drug screening. Upon their discharge from the hospital, they relocated to the paternal grandparents home where they received support.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

This family was not known to the SCR ere is no known CPS history for this family.

Known CPS History Outside of NYS

There is no 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