



Report Identification Number: NY-21-043

Prepared by: New York City Regional Office

Issue Date: Oct 14, 2021

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 13 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 04/14/2021
Initial Date OCFS Notified: 04/14/2021

Presenting Information

The SCR report alleged on the morning of 4/14/21, at about 10:51AM, the 9-yo SS found the 13-yo SC discolored and bluish purple when he went in his room to try to wake him. The SC had been taking a nap. The 9-yo SS and the SF began performing CPR on the SC. When EMS arrived on scene the SC was pronounced dead at 11:01 AM. The SM and SF were at home and the primary caretakers of the SC. This was an otherwise healthy CH who passed away. The parents had no explanation for the death.

Executive Summary

This 13-year-old male subject child (SC) died on 4/14/21. An autopsy was not conducted due to the family’s objections based on their religious beliefs. The immediate cause of death was listed as Undetermined and the manner of death was Natural.

ACS's investigation revealed at 10:50AM on 4/14/21, the 9-yo went to his parents room and told them something was wrong with the SC. The father went to the SC's room and observed the SC on his back with his arm and legs extended. The father immediately began CPR, but realized the child was already dead. The father described the child as being cold and stiff; his face was black and blue. The father explained that while he was performing CPR, foamy substances seeped from the child's mouth. The father called 911 and EMS pronounced the SC dead at 11:01AM at the scene. According to the parents, the child had been well, and the night before the incident the SC was laughing.

On 4/15/21, the ME’s Forensic Pathology Coordinator reported x-rays of the SC's body showed no injuries, but showed the SC had a medical issue.

On 4/15/21, ACS opened a service case which was later closed on 6/25/21.

On 4/16/21, a child safety conference was held, and ACS attempted to filed an Article Ten Neglect petition naming the parents as the respondents based on the fact that SC was not current with his medical care. The parents seemed not to have followed up with medical care after the SC’s emergency visit at the hospital in 2020. However, Family Court Legal Service (FCLS) delayed and ultimately declined to file the case.

Case documentation reflected contact with LE. LE indicated they had closed their investigation as there was no evidence of any criminality.

On 5/18/21, the SF told ACS the family did not want any services. ACS provided the parents with resources for counseling should they reconsider their decision.

On 6/13/21, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the parents on the basis of no credible evidence. ACS documented the parents provided a minimum degree of care and made adequate provisions for the SC. Collateral contact was established with the ME who deemed the manner of death as natural.

ACS added and substantiated the allegation of EdN of the 16-yo SS by the parents. ACS learned that the 16-yo SS’s educational needs were not being met as the 16-yo SS had not been enrolled in any form of schooling or educational program for the last five years.



On 5/15/21, a report was registered with the SCR and ACS with allegations of EdN of 16-yo cousin by the SF and the PA. On 7/2/21, ACS unfounded the report.

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:

Sufficient information was gathered to make a determination for all allegations..

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:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, was commensurate with the case circumstances.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	The 4/21/21 Seven day safety assessment was inadequate. The safety decision was inadequate as the selected safety factor and the comment associated with it did not support the safety decision. The SS's educational needs pertain to risk not safety.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)



Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Timely/Adequate 30-Day Safety Assessment
Summary:	The 5/14/21 safety assessment was inadequate. The safety decision was inadequate as the selected safety factor and the comment associated with it did not support the safety decision. The SS's educational needs pertain to risk not safety.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/14/2021

Time of Death: 11:01 AM

Date of fatal incident, if different than date of death:

08/13/2021

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

10:50 AM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **in bed attempting to go to sleep**

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0



Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	13 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	46 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	42 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	16 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)

LDSS Response

On 4/14/21, ACS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. ACS established contact with LE and learned the SC was already dead when EMS responded to the home. According to LE, the 9-yo SS said he awoke at 8:00 AM, to go to the bathroom, and while on the way to the bathroom he saw the SC rolling around in his bed. The SS said the SC looked uncomfortable and “changed all kinds of colors,” but he thought nothing was wrong. Later the 9-yo went into the parents’ bedroom to tell them the SC was not moving. The parents entered the bedroom and saw the SC was cold to the touch. The SF performed CPR.

On 4/14/21, ACS interviewed the 16-yo SS whose account was consistent with the information provided to LE by the 9-yo SS. The 16-yo added that the 9-yo SS tried to wake the SC when he saw that the SC was not moving, but his attempts were unsuccessful. The 16-yo SS said the top half of the SC’s body was cold to the touch and his bottom half was warm. The 16-yo SS informed ACS of a past medical episode involving the SC.

On 4/14/21, ACS spoke with the SF who told ACS the 9-yo SS and SC shared a room and slept in the same bed. The SF explained the child had a medical episode in 2020 and the family sought emergency medical assistance. According to the SF, the hospital found nothing wrong and discharged the SC. He denied there were any recommendations. The SF denied using any drugs or alcohol.

The interview with the 9-yo SS yielded the same information that the child had shared with law enforcement. The 9-yo said he heard the SC snoring. At about 10:51 AM, the PA told him to go and wake the SC. When he entered the room, he tapped him three times and there was no response. He said he tickled the SC to wake up, but he would not awaken. He saw the SC’s hands to be red and white, and purple dots on his face. He called the SF and then called 911. The 9-yo added that when the SF entered the room, he began CPR. He explained that the SC was lying on his abdomen with his hands extended above his head, and his head was facing the side. He also described the SC’s body as being cold, the SC lips were purple, and had foam by his mouth. The 9-yo said his cousin fainted when she saw the SC was dead.

The 10-yo SS also tried to wake the SC. He said the SC’s body turned purple and there were “purple dots” on him. He confirmed the SF attempted CPR on the SC. Later, the 10-yo SS said this was the second time he found the SC having issues. The first time the SC was sleeping. According to ACS, the 5-yo SS repeated what she overheard from her family.

As part of the investigation, ACS explored the 16-yo SS’s educational needs and learned that the 16-yo SS had not been enrolled in any form of schooling or educational program for the last five years. ACS added and substantiated the allegation of EdN by the parents.

On 4/19/21, the children’s Dr. said he had no record of the SC having a past medical episode. The Dr. had no concerns for



the SSs.

To follow up on the information regarding the SC's prior hospitalization, the Specialist interviewed the SM and learned that on 3/21/20, the SC had a medical episode and was transported to the hospital by ambulance. The SC was discharged home on the same day, with follow up instructions for the SC to be seen by a medical specialist within 3-5 days of the ER visit. It was not documented if the parents had followed through with the instructions. The SM denied using drugs and alcohol.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: Undetermined if injury or 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)? Yes

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
058061 - Deceased Child, Male, 13 Yrs	058062 - Mother, Female, 42 Year(s)	DOA / Fatality	Unsubstantiated
058061 - Deceased Child, Male, 13 Yrs	058062 - Mother, Female, 42 Year(s)	Inadequate Guardianship	Unsubstantiated
058061 - Deceased Child, Male, 13 Yrs	058063 - Father, Male, 46 Year(s)	DOA / Fatality	Unsubstantiated
058061 - Deceased Child, Male, 13 Yrs	058063 - Father, Male, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
058064 - Sibling, Male, 16 Year(s)	058062 - Mother, Female, 42 Year(s)	Educational Neglect	Substantiated
058064 - Sibling, Male, 16 Year(s)	058063 - Father, Male, 46 Year(s)	Educational Neglect	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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<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"/>
Coordination of investigation with law enforcement?	<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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:
The family was not receptive to services.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
The surviving siblings were not assessed to be in immediate or impending danger of serious harm; therefore, no removal was necessary.

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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

Explain:

The family declined services.

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

Explain:

The family declined services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? 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 in NYS within three years prior to the fatality.

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

The parents known as subjects in one report dated 4/14/14. The allegations of the 4/14/14 report were IG, XCP, LBW and LS of the 10-yo SS, SC, 16-yo SS, 9-yo SS, and adult sibling by the parents. On 6/5/14, the report was UNF and closed. Services were declined.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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