



Report Identification Number: NY-16-089

Prepared by: New York City Regional Office

Issue Date: May 30, 2017

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	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



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

Jurisdiction: Kings
Gender: Male

Date of Death: 08/25/2016
Initial Date OCFS Notified: 08/25/2016

Presenting Information

On 8/25/16, the SCR registered a report regarding the death of this three-year-old male SC. The report alleged the SC had a history of asthma. On 8/25/16, the SC was having difficulty breathing and had a fever, while in the care of the BF, the PA and the MA. The caretakers failed to seek immediate medical attention for the SC and put him down for a thirty-minute nap. When the SC awoke, he was still having difficulty breathing and was suffering from a fever. The BF put the SC to bed again, and twenty-five minutes later, the SC was unresponsive. EMS was called to the home. EMS tried to resuscitate the SC; however, he was later pronounced dead at a medical facility.

Executive Summary

On 8/25/16, the subject child (SC) died as a result of a respiratory condition. The SC had a history of severe respiratory condition and hospitalization from birth. ACS' investigation revealed that a day prior to his death, the SC was wheezing and had difficulty breathing. The family administered prescribed medication to the SC at home that evening. On 8/25/16, the SC's symptoms related to his respiratory condition persisted but the caretakers did not seek medical attention for the SC. They kept him home from daycare and continued his medication regimen throughout the day. At about 6:00 P.M., the MA found the SC unresponsive in his crib after being laid down to nap by the BF. The MA called 911 and the 911 operator guided her to perform CPR on the SC until EMS arrived to the home and took over CPR. EMS staff transported the SC to the hospital and continued CPR on him until their arrival at the hospital to no avail. At the hospital, the medical staff continued resuscitation efforts but the SC remained unresponsive. At 8:25 PM., the medical staff pronounced the SC dead. The ME determined the SC's cause of death was acute and chronic bronchial asthma with bronchopneumonia. The manner of death was natural. The ME did not report there were any delayed treatments for the SC.

The SC had a six-year-old surviving female half sibling. The surviving sibling (SS) did not witness the incident; she was with the MGM at the time. The case notes reflected the parents were previously in foster care. In May 2011, the BM was placed in a mother and child program under the auspices of Mercy First where she completed parenting skills training and engaged in counseling. On 8/10/16, she was final discharged to independent living. On 1/15/08, the BF entered care through voluntary placement under the auspices of Children's Village. In May 2010, the BF went AWOL from care and stated he did not want to remain in foster care. On 10/20/10, he was final discharged to himself. At the time of the fatality, both parents were diagnosed with a clinical health condition but they were not receiving services.

On 8/26/16, ACS received the report and the Specialist contacted several collaterals such as the LE, the DA, the ME, the pediatrician, service providers and relatives regarding the fatality. Throughout the investigation the account of relatives and the collaterals were consistent. The relatives and service providers who previously worked with the family did not report any concerns regarding the care the parents provided their children. The medical staff did not suspect any foul regarding the SC's death. Consequently, the LE discontinued its involvement with the family.

ACS held two child safety conferences (CSC) regarding the fatality. The first CSC recommended preventive services for the family. The second CSC requested COS; however, FCLS deferred the case due to the SC's cause of death.



On 9/28/16, the family signed up for services with Good Shepherd.

On 10/20/16, ACS unsubstantiated the allegations of the report against the parents. ACS based its decision on the ME's report and information obtained from the family and relevant collaterals during the investigation.

During the investigation, ACS did an exemplary job by contacting numerous collaterals in an attempt to make a full assessment of the family's overall functioning. ACS learned that the family had a diagnosis of the same respiratory condition and they all shared medication. Also, the family was not following through with Dr.'s referral for the children. In addition, the children did not have completed medical forms on file at their daycare or school. ACS addressed these issues with the family and since ACS' involvement, the medical form and medication had been provided to the SS' school. The BM obtained a new prescription for the SS and she had been seen by a specialist. There were no concerns for the SS.

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

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 referred the family for services and on 9/28/16, the family accepted PPRS services with Good Shepherd.

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: 08/25/2016

Time of Death: 08:25 PM

County where fatality incident occurred:

KINGS

Was 911 or local emergency number called?

Yes

Time of Call:

06:41 PM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not impaired.

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	Aunt/Uncle	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	No Role	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)

LDSS Response

On 8/26/16, the Specialist contacted the LE, the medical staff and the family regarding the fatality. The LE staff stated the BF corroborated the MA's account of events that led to the SC's death. The staff confirmed to have spoken with the medical personnel and they did not report any criminality regarding the fatality. The staff reported that the MA's boyfriend was present in the home at the time of the incident. The boyfriend gave the SC CPR while the MA was on the phone with the 911 operator. The medical staff reported that the family's explanation of the incident was consistent with the preliminary findings. The preliminary cause of death was cardio-pulmonary arrest, secondary to asthma exacerbation. The SC did not have any visible trauma to his body.

On the same date, the Specialist visited the family at the case address. The parents provided an account of the incident



which was consistent with the information that was already known. They disclosed the SC was born with asthma and had been treated since birth for the condition. The rest of the family also had a history of the same respiratory condition. The SS took prescribed medication as needed and her respiratory condition was not as severe as the SC. The SS was assessed during the visit and ACS documented there were no indications of neglect of the SS. The Specialist assessed the MA's two years old child and deemed her safe at the time. The parents reported the MA had supervised the SC in the past and they did not have any concerns about the MA caring for the children.

Later that same day, the SC's primary Dr. stated that on 5/24/16, the SC was referred to see a specialist but the medical records did not reflect the appointments were kept.

Also on 8/26/16, the BM's former service providers who previously worked with the family did not report any concerns for the family regarding the care and supervision the parents provided to their children. However, the DC reported the family did not have a medical form on file for the SC.

Between 8/26/16 and 8/30/16, the Specialist obtained information from service providers who previously worked with the family. They did not report any concerns regarding the family. Also, the parents' former caretakers described the parents as attentive and good parents.

On 8/31/16, the LE staff disclosed that due to the ME's preliminary findings, the criminal investigation was closed and LE was no longer involved with the family.

On 9/21/16, the staff from the SS' school did not report any behavioral changes for the SS. The staff stated school based services were available to the SS in the event she needed services. The staff reported a few absences for the SS last year and the BM attributed the SS' absences to her breathing condition.

On 9/28/16, the family signed up for PPRS services with the Good Shepherd agency.

On 9/29/16, the ME reported the SC's cause of death was Asthma and Pneumonia. The ME did not suspect any criminality.

Between 9/2/16 and 10/14/16, the Specialist made multiple casework contacts with the family. They did not provide any new information regarding the fatality. During this period, the Specialist addressed the parents' failure to follow through with Dr.'s referral for the children and the non-completion of medical forms at their daycare or school. In addition, there was the issue of the family sharing medication to treat their medical condition. Consequently, the BM completed the medical form for the SS and her medication was provided to her school. The BM obtained a new prescription for the SS and she had been seen by a specialist. ACS provided the family with additional literature regarding the respiratory condition and ordered clothing for the SS.

On 10/20/16, ACS unsubstantiated all of the the allegations of the report against the parents. ACS based its decision on the ME's report and information obtained from the family and relevant collaterals during the investigation.

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 approved protocols for joint investigation.

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

Comments: New York City does not have an approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
035321 - Deceased Child, Male, 2 Yrs	035323 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
035321 - Deceased Child, Male, 2 Yrs	035324 - Aunt/Uncle, Female, 28 Year(s)	Lack of Medical Care	Unsubstantiated
035321 - Deceased Child, Male, 2 Yrs	035323 - Father, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
035321 - Deceased Child, Male, 2 Yrs	035323 - Father, Male, 23 Year(s)	Lack of Medical Care	Unsubstantiated
035321 - Deceased Child, Male, 2 Yrs	035324 - Aunt/Uncle, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
035321 - Deceased Child, Male, 2 Yrs	035324 - Aunt/Uncle, Female, 28 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 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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
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 Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving 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 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 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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 family was referred for services through the Good Shepherd agency.

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

Explain:

The parents and SS were referred to the Good Shepherd agency for preventive services and the SS is receiving counseling through her school.

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? Yes

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 BM was the subject of a report in February 2012. The report alleged IG of the SS. According to the case notes, the BM went AWOL with the SS and did not plan have any provisions for the SS. The BM had taken the SS to the MGM's home while she was AWOL. Additionally, Mercy First disclosed that the BM was diagnosed with a clinical condition and was prescribed medication. The BM She discontinued medication treatment due to the side effects; however, she completed parenting skills training and was engaged in counseling.

During the period, the SS appeared to be receiving appropriate care from the BM and there was a healthy bond between the BM and the SS. The SS was not assessed to have been negatively impacted by the BM going AWOL. The report was unfounded on 4/2/12.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of NYS.



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.

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