



Report Identification Number: NY-19-010

Prepared by: New York City Regional Office

Issue Date: Jul 26, 2019

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		



Case Information

Report Type: Child Deceased

Jurisdiction: Office Of Special Investigations

Date of Death: 01/25/2019

Age: 4 month(s)

Gender: Male

Initial Date OCFS Notified: 01/25/2019

Presenting Information

The 1/25/19 SCR report alleged on 1/25/19, the four-month-old SC was placed for a nap in a separate room by the daycare provider. The daycare providers left the SC unsupervised in a separate room for an unknown amount of time. Upon the daycare provider's return to the room to check the SC, the SC was found with foam in his mouth. The SC, an otherwise healthy child, died on 1/25/19 while in the daycare provider's care.

Executive Summary

The 4-month-old male infant died on 1/25/19. The ME listed the SC's cause of death as sudden unexpected death in infant with recent viral syndrome (respiratory syncytial virus and coronavirus) and manner as natural.

The SC lived with his mother (SM), who was in foster care in a non-kinship home. A CPS report was made on 1/8/19 regarding alleged maltreatment of the SC by the SM, MGM and MU. On 1/25/19, the SCR registered a report that included the allegations of DOA/Fatality, IG, and LS of the SC by daycare provider and her adult daughter.

According to the SM, on 1/25/19, she dropped the SC off at the daycare provider's home in the morning. The SM reported that she called the daycare provider on 1/25/19, at 11:05 AM to monitor the SC's care and was informed that he had just fallen asleep. The SM said she did not receive a telephone call from the daycare provider or the FM on that day. The SM reported that she received a telephone call from the hospital at approximately 2:30 PM on 1/25/19 regarding the SC's medical condition. The SM said she learned of the SC's death when she arrived at the local hospital.

On 1/28/19, ACS interviewed the FM who said the SC had a pre-existing medical condition, with cough and chest congestion. The FM said on 1/25/19, she received a telephone call regarding the SC; therefore, she left work and went to the daycare provider's home. On arrival, the FM observed the SC lying dead in the daycare provider's arms. She and the daycare provider unsuccessfully attempted CPR.

On 2/6/19, the SCR registered two reports alleging DOA/Fatality, IG and LMC of the SC by the SM and FM, because they failed to follow through with medical recommendations and it was suspected this contributed to the SC's death.

At the time of the SC's death, the daycare provider was caring for six children. The daycare provider reported that four of the six children were under the age of four years old. The daycare provider reported that at around 12:35 PM, she placed the children for a nap. According to the daycare provider, the SC was placed on his back to sleep in the playpen. The daycare provider reportedly stayed in the room with the children until she left to prepare their meals; thereafter, the daycare provider returned to check the children at 1:45 pm, and observed mucus running from the SC's nose. She lifted the SC to clean the mucus from his nose and observed he was unresponsive and cold.

ACS contacted the attending physician and learned there was no delay in the daycare provider and FM seeking medical care. The documentation showed the daycare provider immediately called 911, and at 2:20 PM, EMS arrived at the ER with the SC. The SC was pronounced dead at 2:29 PM. The medical staff examined the SC and found he did not have visible injuries.

ACS contacted the ME and learned that the preliminary findings of the autopsy reflected there were no visible signs of



trauma or marks assessed on the SC's body.

ACS unsubstantiated the allegation of DOA/Fatality of the SC by the SM, daycare provider, daycare provider's daughter, and FM. ACS substantiated the allegations of LMC and IG of the SC by the SM and FM, and IG, and LS of the SC by the daycare provider and the daycare provider's daughter. The Investigation Conclusion included details that reflected the daycare provider accepted the SC in the daycare without having a completed physical exam from his physician. The daycare provider was aware of the SC's illness and accepted the SC into the daycare without the SC having his prescribed medication for his illness. The SM and FM were aware of the SC's illness and did not follow up with the SC's physician.

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 obtained relevant information from the daycare providers, SM, FM, neighbors, foster care agency, medical personnel and investigative consultants.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

ACS gathered sufficient information to make a determination for all allegations identified during the investigation.

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: 01/25/2019

Time of Death: 02:29 PM

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

Unknown

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

How long before incident was the child last seen by caretaker? 1 Hours

If the child was in day care at the time of the fatality, was the day care program duly licensed or registered? Yes

Licensing/Registering Agency: NYC OCFS DCCS

At time of incident supervisor was: Unknown if they were 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	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	17 Year(s)
Deceased Child's Household	Other Adult - Foster Parents Husband	No Role	Male	60 Year(s)
Deceased Child's Household	Other Child - Foster Parents Child	No Role	Male	10 Year(s)
Deceased Child's Household	Other Child - Foster Parents Child	No Role	Male	8 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	55 Year(s)
Other Household 1	Other - Day Care Provider Daughter	Alleged Perpetrator	Female	27 Year(s)

LDSS Response

On 1/25/19, ACS initiated the investigation by contacting New York City Department of Health (DOH) and local hospital.



ACS learned that the SC arrived at the hospital via EMS at 2:20 P.M. and was declared dead at 2:29 P.M.

On 1/25/19, ACS assessed the daycare provider's home which was a four-bedroom apartment serving as a Group Family Child Care program. ACS interviewed an individual who previously worked at the daycare center. The individual said, during her period of employment, there were no injuries to children. This individual had no concerns regarding the care of the children enrolled in the day care. ACS observed the baby monitors in the kitchen and bedrooms. There were no concerns noted.

ACS interviewed the daycare provider who reported holding the SC in her arms prior to placing him in the playpen. According to the daycare provider's account, at 1:30 P.M., the SC in the playpen, lying face up on his back. She attempted to feed the SC; however, the SC was unresponsive. She called the FM, and the FM observed the SC to be purple/blue. The daycare provider contacted 911. Five children were reported to be in the room with the SC in separate cribs and playpens. There were baby monitors in the kitchen and bedrooms.

ACS assessed the FM's home and interviewed the FM. ACS observed a playpen, nebulizer, asthma pump, and ointment for the SC. ACS learned that prior to the SC's death, the SC was ill, and had a cough and congestion. The physician prescribed a nebulizer, asthma medication and referred the SC for an X-ray on 1/16/19. The physician directed the FM and SM to schedule an appointment and take the SC to the emergency room if his condition remained unchanged or worsened. The FM reported that the daycare provider had not supervised the SC prior to the incident. The FM paid the daycare provider to take care of the SC while the SM attended a medical appointment.

On 1/25/19, ACS discussed the case circumstances with the Investigative Consultant and learned that the daycare provider had multiple domestic incidents and disputes with family and neighbors. ACS did not document whether children were present during the DV incidents.

Between 1/26/19 and 1/28/19, ACS interviewed the FM's backup, held a case conference, and collaborated with the DOH to further investigate the SC's death. On 1/28/19, ACS interviewed the FM's backup (neighbor) who reported that she provided care of the SC on multiple occasions. The neighbor reported no concerns regarding the care the FM provided to the children. ACS noted that a home visit occurred during which the Specialist discussed safe sleep practices with the SM. ACS visited the case address with the IC and met with the DOH inspector, and the following violations were noted; record keeping (no documentation on the SC including medical), no sign in sheets and children health records.

On 1/29/19, ACS met with the foster care agency and learned that on 1/23/19, the SC was examined by the agency's physician. ACS learned that the physician noted the SC had a medical condition. ACS interviewed LE and learned that the ME's preliminary report noted there was no blunt trauma or visible signs of trauma to the SC's body. ACS held a Family Team Conference to identify family resources, services and plan the SC's funeral arrangements.

Between 2/7/19 and 2/27/19, ACS visited the SM and FM's home and conducted an assessment of the children. The children were observed without any marks or bruises, and were no safety hazards at the time of the visit.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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



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

Comments: There is no OCFS approved Child Fatality Review Team in the New York City Region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050729 - Deceased Child, Male, 4 Mons	050730 - Mother, Female, 17 Year(s)	Lack of Medical Care	Substantiated
050729 - Deceased Child, Male, 4 Mons	050736 - Other - Day Care Provider Daughter, Female, 27 Year(s)	Lack of Supervision	Substantiated
050729 - Deceased Child, Male, 4 Mons	050736 - Other - Day Care Provider Daughter, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
050729 - Deceased Child, Male, 4 Mons	050732 - Day Care Provider, Female, 55 Year(s)	Inadequate Guardianship	Substantiated
050729 - Deceased Child, Male, 4 Mons	050731 - Foster Parent, Female, 51 Year(s)	DOA / Fatality	Unsubstantiated
050729 - Deceased Child, Male, 4 Mons	050730 - Mother, Female, 17 Year(s)	DOA / Fatality	Unsubstantiated
050729 - Deceased Child, Male, 4 Mons	050736 - Other - Day Care Provider Daughter, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
050729 - Deceased Child, Male, 4 Mons	050732 - Day Care Provider, Female, 55 Year(s)	DOA / Fatality	Unsubstantiated
050729 - Deceased Child, Male, 4 Mons	050732 - Day Care Provider, Female, 55 Year(s)	Lack of Supervision	Substantiated
050729 - Deceased Child, Male, 4 Mons	050731 - Foster Parent, Female, 51 Year(s)	Inadequate Guardianship	Substantiated
050729 - Deceased Child, Male, 4 Mons	050731 - Foster Parent, Female, 51 Year(s)	Lack of Medical Care	Substantiated
050729 - Deceased Child, Male, 4 Mons	050730 - Mother, Female, 17 Year(s)	Inadequate Guardianship	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:

The documentation reflected that all required logs were reviewed.

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"/>



Child Fatality Report

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:
 ACS and the foster care agency documented that the SM was in need of bereavement counseling and family planning.

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:
 ACS learned that the SM was a child in foster care and the FM had two of her children in the home. ACS assessed all of the surviving children in the household. No children needed removal as a result of this fatality report.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 Fatality Report

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 SM was provided with bereavement counseling, funeral arrangements, mental health services, and family planning in response to the fatality.

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:

There were no surviving children in the home.

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

Explain:

The SM received bereavement counseling and case management monitoring.

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?** N/A
- Was the child acutely ill during the two weeks before death?** Yes

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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Child Fatality Report

01/08/2019	Deceased Child, Male, 4 Months	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 4 Months	Grandparent, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 4 Months	Aunt/Uncle, Male, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 4 Months	Grandparent, Female, 37 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 4 Months	Grandparent, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The 1/8/19 SCR report alleged the SM was aware the four-month-old SC was not supposed to be left in the care of the MGM. The MGM was a risk to the SC's overall well-being and safety as the MGM had a history of drug misuse and domestic violence and had six of her children in foster care. The SM was aware; however, she left the SC in the care of the MGM and failed to make an adequate alternate plan for his care. The SC was in the care of his MGM who was under the influence of marijuana while acting as a caregiver for the SC.

Report Determination: Unfounded**Date of Determination:** 02/15/2019**Basis for Determination:**

ACS unsubstantiated the allegations of IG, PD/AM and IF/C/S of the SC by the SM, MGM and SC's uncle. ACS determined there was no credible evidence that the SM placed the SC in danger of harm or behaved in a manner that impacted his safety. ACS found the SM and the SC were at the MGM's home due to changes with foster care placement. Over the course of the investigation, the SM was not resistant and left with ACS to be placed in a new foster home with the SC.

OCFS Review Results:

OCFS reviewed the record, and found that ACS made unannounced visits to the home, conducted ongoing safety and risk assessments of the SM and SC, and obtained medical consultation. ACS learned that the SC died on 1/25/19. The SM was referred to bereavement counseling.

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

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of New York State.

Preventive Services History

Between January 2014 and April 2016, the MGM's family received case management services to address the SM's behaviors and the family's identified needs. According to Child Care Review Services, the SM's family received COS under an Article Ten Neglect petition that was filed in Kings County Family Court on 4/15/2016. The family was not compliant with the services plan requirement. As a result, the SM was placed in foster care in October 2018. The preventive services for the SM ended after she was placed in foster care in October 2018.

Provider Oversight/Training



	Yes	No	N/A	Unable to Determine
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 12/18/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 02/06/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 03/06/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foster Care Placement History

The SM was placed in foster care on 10/12/18, under an Article Ten Neglect petition. The SM was placed in a non-kinship foster home with the SC. The SM received the following services: mental health evaluation, preventive services, early intervention assessment for the SC, drug assessment, and siblings visits.

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