



Report Identification Number: NY-18-076

Prepared by: New York City Regional Office

Issue Date: Jan 17, 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
Age: 1 month(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 07/23/2018
Initial Date OCFS Notified: 07/23/2018

Presenting Information

On 7/22/18, the SM was bathing the SC and he began vomiting blood for an unknown reason. The SF contacted 911 and EMS administered CPR to the SC for 45 minutes. On 7/23/18, the SC passed away due to cardiac arrest. The SC had no known medical conditions and was considered healthy. The parents were caring for the SC at the time of the incident. The parents had no plausible explanation for the SC's condition, therefore, they were named subjects of the report.

Executive Summary

On 7/23/18, the SCR registered three SCR reports. The initial and second reports alleged II and IG of the SC by the parents because the SC became unresponsive after the SM bathed him. The second report was suspended as a duplicate report.

The third report (subsequent) alleged DOA/Fatality and IG of the SC by the parents. The parents alleged the SC was an otherwise healthy child and they had no plausible explanation for the SC's death. The SS is the twin sister of the SC.

Following the receipt of the report, the ACS Brooklyn Field Office Specialist visited Brookdale Hospital to obtain information concerning the incident. ACS learned that on 7/22/18, at 9:00 PM, the SM, SC and SS were all in the shower. The SM bathed the SS first then gave her to the SF and the SM then proceeded to bathe the SC and she remained in the shower. While in the shower bathing the SC he began to foam at the mouth and lose color. The SM alerted the SF and immediately summoned 911 for emergency medical assistance. The operator instructed the parents to administer CPR until the ambulance arrived. The SC, parents and SS were transported to Brookdale Hospital.

ACS learned from the Dr. that the SC was in critical condition and the SC was transferred to the neonatal intensive care unit at New York University Hospital where he later died. The SS was examined at the hospital and no injury or signs of maltreatment or abuse was found. The parents arranged for the MGM to provide care of the SS.

LE reported they interviewed the family and found no criminality. EMS reported that upon their arrival, they observed LE administering CPR.

ACS interviewed the parents and learned that the twins were born prematurely and remained in the hospital for approximately ten days. On 7/19/18, the twins were examined by their pediatrician and they received vaccines and there were no medical concerns for either child. The parents denied the SC fell or was dropped at any time. They explained that at the time of the incident, the SC foamed at the mouth and did not excrete blood until after CPR was administered. Both parents had a lot of support from family, friends and neighbors; all of who were interviewed by ACS. All reported the parents to be very good and conscientious parents who loved the children.

During the course of the investigation, ACS visited the home weekly to assess the SS and documented that she was safe at both the parents and MGM's home. ACS contacted the ME who reported that the autopsy is pending to date. LE reported no DV or history of criminal record on the parents. ACS also contacted NYU who reported they were awaiting the ME's final report. ACS received medical documentation from the pediatrician and it reflected the twins immunizations were up to date and they had no concerns regarding the parents' care to the children. ACS' child safety conference resulted in no court intervention.



On 7/23/18, ACS unsubstantiated the allegations of DOA/Fatality and IG from the fatality report and II and IG from the initial SCR report. ACS determined there was no credible evidence to support any of the allegations of the reports. Although the DOA/Fatality allegation was unsubstantiated, it not addressed in the determination. The case remained open for services.

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:

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:

The case remained open with services.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	Although the safety decision is correct on the 24-Hour Safety Assessment dated 7/24/18, there is almost no mention of the SS in the comments. The Safety Assessment focuses primarily on the deceased child.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)



Action: ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/23/2018

Time of Death: 06:44 PM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

10:00 PM

Did EMS 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: Bathing

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

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	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Month(s)

LDSS Response

On 7/23/18, ACS responded to the reports registered by the SCR regarding the hospitalization and death of the one-month-old male twin SC by contacting Brookdale and New York University hospitals to obtain information. According to the reports, the allegations were DOA/Fatality, IG and II of the SC by the parents. According to the Dr., the SC was found with no indication of abuse or neglect and the parents had no explanation for the SC's death.



ACS visited Brookdale Hospital and interviewed the Dr. who reported the SC was in critical condition but there wasn't any indication of maltreatment. ACS also interviewed the parents separately and each gave the same account without any inconsistencies. Both parents told ACS the twins were fed at 7:00 PM and they appeared to be normal. The SM explained she first bathed the SS by holding her in the shower then handed her to the SF. The SM explained that bathing the children in the shower was a "skin to skin thing," as in bonding therapy. The SM took the SC and as soon as she stepped into the shower, the SC began to foam at the mouth and began to lose color. The SM immediately took the SC to the SF and called 911. She also initiated CPR until LE arrived and took over resuscitation efforts. EMS reported they arrived at the case address at 10:21 PM and transported the family to the hospital.

The Dr. reported the SC arrived at Brookdale ER at 10:46 PM, on 7/22/18, with unstable vital signs and was sedated; however, due to the severity of his condition, the SC was transferred to New York University's neonatal unit where the SC was pronounced dead at 6:44 PM, on 7/23/18. The Dr. also reported they received conflicting information regarding the incident and that the autopsy would determine the cause of death.

On 7/23/18, ACS contacted the twin's pediatrician who reported they were seen on 7/2/16 and 7/16/18 for well-baby visits. The pediatrician reported no concerns regarding the parents care of the children. The pediatrician also reported the twins remained hospitalized at birth and were examined by a cardiologist who recommended the SC return for a follow-up visit after four months.

After receiving information from the pediatrician, the Specialist contacted ACS' medical consultant for clarity. It was explained that the SC's medical condition diagnosis at birth was not related to any of the symptoms the parents reported on the night of the incident; the medical condition diagnosis would not have caused bleeding in the mouth and nose or bloating of the SC's belly. The twins newborn screenings and all test results were normal at the time of discharge.

On 7/26/18, LE stated the ME preliminarily reported there was no retinal hemorrhaging or optical trauma to the SC body; however, there was an old tiny subdural hematoma that did not cause the SC's death. The parents denied the SC ever fell, or was dropped at anytime.

On 9/21/18, ACS received medical documentation that the SS was seen by her pediatrician and there were no health concerns.

Between 9/21/18 and 12/22/18, ACS made monthly visits to monitor the SS and the bereavement counseling for the parents. Both parents were engaged in services. ACS also documented there were no risk concerns because there were no DV, drug or alcohol misuse, criminal history, or other risk issues in the family.

On 12/3/18, ACS received the ME final report that listed the cause of death of the SC was undetermined and the manner was natural.

On 12/22/18, ACS unsubstantiated the allegations of the report. The determination narrative stated the DOA/Fatality allegation and the IG allegation were unsubstantiated because they found no credible evidence to support the allegations. The SM engaged received bereavement counseling from Church Avenue Merchants Benevolent Association.

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



Child Fatality Report

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

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
048770 - Deceased Child, Male, 1 Mons	048771 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
048770 - Deceased Child, Male, 1 Mons	048772 - Father, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
048770 - Deceased Child, Male, 1 Mons	048771 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
048770 - Deceased Child, Male, 1 Mons	048772 - Father, Male, 29 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 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"/>

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"/>

Explain:
The SM engaged in bereavement counseling.

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 SS was not removed from the parents or grandparents care.



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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 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 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 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:

ACS offered Early Intervention that resulted in a daycare voucher for the SS; the SM returned to work. As a young couple, family planning should have been offered to supply the parents with knowledge on how to move forward if they decide to do so.

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:

The SS is one-month-old.

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

Explain:

The SM received counseling from Church Avenue Merchants Benevolent Association.



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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

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)
07/23/2018	Deceased Child, Male, 1 Months	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 1 Months	Mother, Female, 29 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Male, 1 Months	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 1 Months	Father, Male, 29 Years	Internal Injuries	Unsubstantiated	

Report Summary:

On 7/22/18, while the SC was in the care of the parents, he began to vomit, had blood coming out of his nostrils and mouth, stopped breathing and went into cardiac arrest. The explanation provided is inconsistent with what is wrong with the SC; therefore, the parents will be held responsible.

Report Determination: Unfounded

Date of Determination: 12/22/2018

Basis for Determination:

ACS unsubstantiated the allegations of II and IG stating there was no credible evidence to substantiate the allegations because the parents acted appropriately by contacting 911 when the SM noticed the SC was not breathing. ACS cited the ME's report that listed the cause of the SC's death was undetermined and the manner of death was natural.



OCFS Review Results:

The determination was appropriate.

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 known CPS history.

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