



Report Identification Number: NY-20-074

Prepared by: New York City Regional Office

Issue Date: Feb 06, 2021

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 08/07/2020
Initial Date OCFS Notified: 08/07/2020

Presenting Information

The initial report on 8/7/20 alleged the 7-month-old child was in the care of his aunt, who allegedly left the child on the bed unsupervised for about 20 minutes while the aunt was in the shower. The report stated the SC became lodged between the wall and the bed and ended up suffocating. The aunt found the SC. EMS from the FDNY responded to the home and administered CPR then transported the SC to the hospital where he was pronounced dead at 8:30 A.M. The SC had blood coming from his nose from respiratory distress but no other injuries.

A duplicate report was registered with additional information, it stated the aunt fed the SC at 7:30 A.M. and placed him on her bed. The aunt left the SC for about 20 minutes and when she returned to her room, the SC was unresponsive and “stuck” between the wall and the bed. The aunt administered CPR and called 911. The report noted the EMTs pronounced the SC dead on the scene. The report stated the aunt “had non-official custody” of the SC since his birth. The aunt was the only person responsible for the child at the time of his death. The child was last observed alive around 7:40 A.M. The conditions of the SC's immediate surroundings were normal. The report stated the SC had preexisting medical conditions. However, it was not certain that these contributed to the SC’s death.

Executive Summary

This fatality report concerns the death of a 7-month-old male subject child that occurred on 8/7/20. A report was made to the SCR on that same date with allegations of Inadequate Guardianship, DOA/Fatality, and Lack of Supervision of the child by the child’s maternal aunt who had been caring for the child due to a family arrangement, since birth. The Administration for Children’s Services (ACS) received the report and investigated the child’s death. An autopsy was completed; however, the final report remained pending at the time of this writing.

At the time of the child’s death, he resided with his mother, maternal aunt, a two year-old sibling, an uncle, and his grandmother. The investigation revealed that on the morning of 8/7/20, the aunt went to take a shower and left the sleeping child on the bed. The child was left unsupervised for approximately thirty minutes. During the aunt's absence, the infant became lodged between the wall and the bed and suffocated on a pillow that the aunt had placed in the gap between the bed and the wall. The aunt found the child when she returned to the room. Emergency Medical Services were called to the home. The technicians performed cardiopulmonary resuscitation (CPR) on the child and transported the child to the hospital where he was pronounced dead at 8:35AM.

From the time the investigation began to the time of its closure, ACS interviewed family members and pertinent collateral sources. Law enforcement found no criminality in the death of the child and deemed the child's death an accident. ACS provided the family with appropriate services referrals in response to the child's death to address ongoing needs.

ACS substantiated the allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Supervision of the 7-month-old child by the maternal aunt on the basis of some credible evidence to reflect the aunt left the child unsupervised for at least twenty minutes and during that time the child fell from the bed and suffocated in a pillow that had been placed between the bed and the wall. ACS documented the aunt did not use safe sleeping practices. The report was indicated and remained open for Court Ordered 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:

Casework activities were commensurate with case circumstances and sufficient information was gathered to make determination for all allegations.

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 level of casework activity, which included contact with the family and others from the receipt of the report through case conclusion, was commensurate with the case circumstances. There was documentation of supervisory consultation 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: 08/07/2020

Time of Death: 08:35 AM

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

06:45 AM



County where fatality incident occurred: Queens
 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? No - but needed
 At time of incident supervisor was:

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	48 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	7 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	68 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Mother	No Role	Female	22 Year(s)

LDSS Response

On 8/7/20, ACS received the SCR report regarding the death of SC, which occurred on that same date. ACS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team.

On 8/7/20, ACS met with the family at their home. The MA was interviewed and explained the morning of SC's death, she propped the child up on the bed in front of the television and went to take a shower at about 6:45AM. The aunt explained she usually surrounded the child with pillows while she takes her shower. The aunt noted there was a gap between the bed and the wall, therefore she would put pillows there to guard against the child falling into the gap. The aunt explained that the child had a crib but she did not always place him in the crib.

The aunt said on 8/7/20 when she left to take her shower, the child was asleep so she decided to spend a little more time in the bathroom. Prior to going to the bathroom, she placed the child under her blanket and surrounded him with pillows. About thirty minutes later when she came out of the bathroom she saw the two-year-old sibling but did not see the 7-month-old child. The aunt said when she looked in the gap between the bed and the wall, she saw the child. The aunt said she noticed he was face down in the pillow which was in the gap. The aunt said she immediately pulled the child out from the gap; the child's body was limp and unresponsive. The MA said she jumped from the bed and screamed for assistance. The aunt said she called 911. The aunt's account remained consistent throughout the investigation.



Family members were also interviewed on 8/7/20, 8/14/20, 9/11/20, 9/21/20, and 10/8/20. Their accounts were consistent with the information the aunt provided to law enforcement.

On 8/7/20, ACS staff spoke with detectives from the NYPD who were assigned to investigate possible criminal elements of the case. The detectives reported patrol received a 911 call made by one of the family members at 7:46 AM. EMS was called at 7:47AM. The detectives state they spoke with members of the family including the aunt. The detectives said the aunt's accounts were consistent with observations made at the scene, and opined that the child's death appeared to be a tragic accident. The detectives noted the aunt appeared to have been devoted to the child.

Also on 8/7/20, ACS contacted EMS and learned the 911 call was received at 7:47 AM and at 7:52 AM when they arrived at the scene, an FDNY unit was already and FDNY personnel transported the child to the ambulance. EMS personnel said the child was limp and unresponsive. FDNY staff performed CPR and used an automated external defibrillator without success. The child exhibited no signs of life; however, hospital personnel continued to perform CPR on arrival at the hospital. The child was pronounced dead between 8:30 and 8:40 AM on 8/7/20. Contact with hospital personnel indicated the child was pronounced dead at 8:35 AM.

ACS interviewed the ER physician who reported the came to the ER unresponsive with no vital signs. He had blood in his nose and mouth. No marks, bruises or other visible evidence of trauma was observed on the child. The medical team worked on the child for 20 minutes without success; the child never regained any of his vital signs.

A home visit was conducted on 8/7/20. The Specialist noted the home was adequately furnished . In the bedroom where the incident took place, the Specialist note there were a number of items on the bed where the children had been sleeping. These items included a number of pillows and blankets.

ACS filed an Article 10 Petition of Neglect in the Family Court and on 8/12/20 a virtual court hearing was held. It was the court's decision that ACS make announced and unannounced visits to the family's home, make referrals to PPRS for grief counseling, parenting skills training and early intervention. The surviving sibling was released to the aunt with COS. The court also ordered the aunt to practice safe sleep which included no bed sharing or sleeping with the 2-year-old surviving child.

Throughout the investigation, ACS spoke with numerous collateral sources and family members. LE found no criminality regarding SC's death. ACS maintained contact with the ME throughout the investigation; however, the autopsy report had not been finalized as of the writing of the report.

On 10/16/20, ACS substantiated the allegations of the report. ACS documented the maternal aunt did not practice safe sleep guidelines and did not provide the appropriate supervision for the 7-month-old child. The report was indicated and opened for services. A Family Services Stage was opened to provide monitoring and supervision of the family.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

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



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054785 - Deceased Child, Male, 7 Mons	054787 - Aunt/Uncle, Female, 48 Year(s)	DOA / Fatality	Substantiated
054785 - Deceased Child, Male, 7 Mons	054787 - Aunt/Uncle, Female, 48 Year(s)	Inadequate Guardianship	Substantiated
054785 - Deceased Child, Male, 7 Mons	054787 - Aunt/Uncle, Female, 48 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Sibling of the 7-month-old child was not interviewed as he was too young to understand what occurred. Case notes reflected that throughout the investigation the Specialist conducted assessments of this child.

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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
The family was referred for PPRS services which would include parenting skills training, grief counseling, and early intervention for the two-year-old child.

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:
There were no surviving children in the household that were removed either as a result of this fatality report or the investigation, or for reasons unrelated to this fatality. ACS documented that while there were safety factors present, these did not rise to the level of immediate or impending danger of harm to require a removal.

Legal Activity Related to the Fatality



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

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	Return to Relative
Respondent:	054787 Aunt/Uncle Female 48 Year(s)	
Comments:	Child was returned to the MA who has custody.	

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

Court Ordered Services (COS) were provided to the family.



History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** 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
 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)
12/15/2018	Sibling, Male, 7 Months	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 7 Months	Aunt/Uncle, Female, 47 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Months	Aunt/Uncle, Female, 47 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 7 Months	Aunt/Uncle, Female, 47 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

Report Summary:

The 7-month-old child was home with his aunt who was his babysitter. At 2:00 AM she put the child on the bed and went to make a bottle. While preparing the bottle, the aunt heard a bang and the child crying. The child fell off the bed and sustained a bruise and swelling to his forehead. The aunt called a nurse for assistance. The mother was not in the home and her whereabouts were unknown.

Report Determination: Indicated

Date of Determination: 02/14/2019

Basis for Determination:

ACS substantiated the allegation of Inadequate Guardianship of the 7-month-old child by the mother on the basis that the mother left the child in the care of the maternal aunt without adequate provisions for him.

ACS unsubstantiated the allegations of Lacerations Bruises Welts, Swelling, Dislocations, Sprains and Inadequate



Guardianship of the 7-month-old child by the maternal aunt on the basis that the aunt took the appropriate actions when she realized the child had fallen from the bed.

OCFS Review Results:

ACS initiated the investigation in a timely manner and from the time the investigation began to the time of its closure, ACS interviewed family members and pertinent collateral sources. The information obtained from the collateral sources assisted in the decision making in the case. ACS provided the family with appropriate services referrals, including voluntary prevention services to address ongoing needs.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/15/2018	Sibling, Male, 4 Months	Mother, Female, 17 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 4 Months	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The report alleged the mother has mental health issues and was not on medications. The report also alleged the mother used a marijuana vapor pen to control her mental health. When the mother got angry, she got violent and destructive. The mother started therapy , only went two or three times then stopped going. The report alleged the mother wanted to go to a shelter but had no means of supporting her child. The report alleged the child was at risk in the mother's care.

Report Determination: Unfounded

Date of Determination: 11/14/2018

Basis for Determination:

ACS unsubstantiated the allegations of IFCS and IG due to having "no credible evidence" and observation of provisions for the sibling.

OCFS Review Results:

ACS initiated the allegations in a timely manner and made collateral contacts and referred the mother for clinical services. The mother tested positive for marijuana use. There was evidence of supervisory involvement; however, some directives were not completed prior to the close of the investigation. There were a few gaps in casework practice, for example, the mother was not referred for a CASAC assessment. Further ACS completed an Investigation Determination Safety Assessment which reflected safety factors existed but did not rise to the level of immediate or impending danger based on the mother's drug use which was verified during the investigation. ACS documented this drug use impacted the care of the child; however, ACS unsubstantiated the allegation of the report and opined that the mother's drug use had no impact. These issues are being addressed through the Performance improvement plan for the local district.

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 investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

The family had no known CPS History outside NYS.

Preventive Services History



The family was referred to an FTR Program for services.

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