



**Report Identification Number: SV-19-047**

**Prepared by: New York State Office of Children & Family Services**

**Issue Date: Jan 23, 2020**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 6 year(s)

**Jurisdiction:** Nassau  
**Gender:** Female

**Date of Death:** 09/17/2019  
**Initial Date OCFS Notified:** 09/17/2019

## Presenting Information

An SCR report alleged on 9/17/19, at about 6:05 AM, the mother left the 6-year-old subject child and her 4 and 9 year-old siblings unsupervised in a hotel room. When the mother returned, she found the child unresponsive. The police and EMS responded to the hotel room and the child was taken to the hospital where she was pronounced deceased. The mother provided no explanation for the child's death. The child had a developmental disorder and other unknown medical needs. It was unknown if the unknown medical needs were a contributing factor in the child's death.

## Executive Summary

This fatality report concerns the death of the 6-year-old female subject child who died on 9/17/19. Nassau Department of Social Services (NCDSS) received an SCR report regarding the death on the same day. The child died unexpectedly after choking on milk and becoming unresponsive. The child resided with her mother and siblings, ages 4 and 9 years. The siblings were assessed to be safe in the care of their family throughout the investigation.

The mother explained the child suffered from a genetic syndrome that was present since birth. The evening prior to the child's death, the child was congested and coughed. In the morning, the child coughed and became unresponsive. The mother attempted to wake the child, performed CPR and 911 was called. EMS responded and transported the child to the hospital where she was pronounced deceased at 6:40 AM.

An autopsy was performed; however, was pending at the time of this writing. The hospital physician stated the primary cause of death was cardiopulmonary arrest.

Several attempts were made to interview the siblings; however, the children were not willing to speak with NCDSS. The fathers of the siblings were notified of the death and provided no additional information.

NCDSS completed the required reports and Safety Assessments timely and accurately. The Risk Assessment Profile was appropriately completed. Although written notice was provided to the mother, the record did not reflect written notice of the SCR report was provided to the fathers of the children.

During the investigation, the family relocated out of Nassau County and their living environment was assessed to be safe prior to case closure. NCDSS unsubstantiated the allegations of Lack of Supervision for the children, and Inadequate Guardianship and DOA/Fatality regarding the subject child against the mother. The investigation revealed the mother did not leave her children unattended, and that she acted appropriately while caring for the child. The investigation revealed the child's death was likely a result of a preexisting medical condition.

### PIP Requirement

NCDSS will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

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

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

### Explain:

The decision to close the case was appropriate.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	Although the mother was provided with written notice of the report, the record did not reflect the fathers were notified of the SCR report in writing.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<b>Action:</b>	NCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

### Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 09/17/2019

Time of Death: 06:40 AM



**County where fatality incident occurred:** Nassau  
**Was 911 or local emergency number called?** Yes  
**Time of Call:** 06:03 AM  
**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: Laying down

**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	Female	6 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	9 Year(s)

**LDSS Response**

On 9/17/19, Nassau County Department of Social Services (NCDSS) received an SCR report regarding the 6-year-old child's death and concerns regarding the supervision the mother provided to the child and the siblings. Upon receipt of the SCR report, NCDSS immediately initiated their investigation by coordinating with law enforcement. Within the first 24 hours of the investigation, NCDSS obtained information from hospital staff and the source of the report and searched CPS history. The medical examiner and DA's offices were notified of the death timely.

Law enforcement provided information that the family was staying in a hotel room prior to the child's death. The mother reported the child was congested the night prior and was given an unknown medicine. At 5:30 AM, the mother noticed the child was choking and observed milk coming out of the child's nose and the child became unresponsive. The mother attempted to clear the child's airway and put the child in the shower to help wake her but was unsuccessful. Law enforcement reported the hotel receptionist assisted the mother by calling 911.

On 9/17/19, the siblings were observed at the maternal grandmother's home. The maternal grandmother did not have concerns for the care the mother provided to the children. Attempts were made to interview the 4-year-old sibling, but NCDSS was unable to obtain information relating to the death. The 9-year-old sibling said he was sleeping in the same room as his family when he woke up because his mother was screaming and performing CPR on the child. The 9-year-old sibling became distraught and was unable to be interviewed further.



On 9/17/19, the mother was interviewed by NCDSS. The mother said the child was congested the night prior to her death and began crying and coughing around 5:00 AM. The mother bottle-fed the child and laid her on the bed, in the fetal position. The child began coughing harder and milk was coming out of her nose. The mother attempted to clear the airway by blowing into the child’s mouth and sucked material from the child’s nose. The mother began CPR and brought the child into the shower in attempt to wake her. The child was limp and unresponsive. The mother asked the 9-year-old sibling to dial 0 on the hotel phone and asked the hotel receptionist to call 911. EMS arrived and transported the child to the hospital where she was pronounced deceased.

NCDSS gathered information from several collateral contacts. The child’s pediatrician said the child was born with a genetic syndrome and had a multiplicity of medical concerns and the child had a shortened life expectancy due to her syndrome. The child had developmental disabilities, physical malformations and feeding difficulties. The pediatrician had no concerns for the care the mother provided to the child.

The hotel receptionist said he received a call asking for help and the mother said, “she’s not breathing.” The receptionist called 911 and went to the hotel room and observed the mother on the bed with the child in her arms.

On 10/10/19, the father of the 4-year-old sibling was interviewed in his home. He did not have additional information regarding the death, and his home was assessed to be safe.

On 11/4/19, Dutchess County Department of Social Services spoke with the father of the child and the 9-year-old sibling as he was incarcerated in their jurisdiction. The father expressed no concerns for the care the mother provided to her children.

NCDSS offered the family an abundance of services including funeral assistance, bereavement counseling, a DV referral, and housing and financial assistance, which were utilized. Furthermore, NCDSS offered the family Preventive Services in the Bronx, where the family had plans to relocate to. The family declined the Preventive Services and the case was closed.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

### 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?** Yes

**Comments:** The death was referred to a Child Fatality Review Team during the course of the investigation.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052161 - Deceased Child, Female, 6 Yrs	052162 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
052161 - Deceased Child, Female, 6 Yrs	052162 - Mother, Female, 30 Year(s)	Lack of Supervision	Unsubstantiated



052161 - Deceased Child, Female, 6 Yrs	052162 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
052163 - Sibling, Male, 9 Year(s)	052162 - Mother, Female, 30 Year(s)	Lack of Supervision	Unsubstantiated
052164 - Sibling, Male, 4 Year(s)	052162 - Mother, Female, 30 Year(s)	Lack of Supervision	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"/>
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"/>



# Child Fatality Report

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"/>

### 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:**  
No children were removed as a result of the fatality investigation.

### 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"/>					
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>					



Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 checked="" 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 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"/>				
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 family was provided with referrals for an abundance of services. The mother was offered Preventive Services, which were declined.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**

The siblings were provided with referrals for bereavement services.

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

**Explain:**

The mother was provided with funeral assistance, housing assistance, and referrals for grief, bereavement and domestic violence counseling. During the course of the investigation, the mother's ex-partner began to harass her.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

## 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)
11/30/2017	Sibling, Male, 2 Years	Day Care Provider, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 2 Years	Day Care Provider, Female, 45 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Daycare Child 2, Male, 2 Years	Day Care Provider, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Daycare Child 2, Male, 2 Years	Day Care Provider, Female, 45 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Daycare Child 3, Male, 1 Years	Day Care Provider, Female, 45 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Daycare Child 3, Male, 1 Years	Day Care Provider, Female, 45 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Day Care Provider, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Day Care Provider, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Daycare Child 2, Male, 2 Years	Day Care Provider, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Daycare Child 2, Male, 2 Years	Day Care Provider, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Daycare Child 3, Male, 1 Years	Day Care Provider, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Daycare Child 3, Male, 1 Years	Day Care Provider, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the daycare provider took care of 12 children in her daycare. The daycare provider and another worker used marijuana while taking care of the children. They used alcohol to the point of intoxication. The providers were rough with the children and pulled them off the bus with force. The daycare provider allowed people with unsavory characteristics in the daycare. Some of the people had criminal records and some were drug addicts.

**Report Determination:** Unfounded

**Date of Determination:** 01/02/2018

**Basis for Determination:**

The investigation was unfounded as the caretakers denied using alcohol or marijuana while caring for the children, nor were they rough with the children. The investigation did not reveal unauthorized people were visiting the daycare.

**OCFS Review Results:**

The investigation was initiated timely and face-to-face contact was made with the subject of the report at the daycare facility. The investigation was coordinated with OCFS. A CPS history check was documented untimely. Some mothers of the children were made aware of the report, but the record does not reflect the parents of the children were notified of the CPS investigation in writing.

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

**Issue:**

Failure to provide notice of report

**Summary:**



Although written notice of the report was given to the subjects of the report, the record did not reflect the parents of the children were provided with written notice.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

NCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

**Issue:**

Review of CPS History

**Summary:**

Although a CPS history check was documented for the subjects of the report, the history check was completed on 12/4/17, after the due date.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within one business day, NCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/26/2017	Sibling, Male, 2 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Female, 4 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother left the child and siblings home alone for an undetermined time. There were no known injuries to the children as a result. On 6/25/17, the mother slapped the 2-year-old sibling in the face for wanting a bottle. There were no known injuries to the sibling.

**Report Determination:** Unfounded

**Date of Determination:** 08/21/2017

**Basis for Determination:**

The allegations within the report were unsubstantiated. The investigation revealed the children were at daycare when the mother worked. The 7-year-old sibling and mother denied excessive corporal punishment or leaving the children home alone.

**OCFS Review Results:**

The investigation was initiated timely and the source of the report was contacted. The Safety Assessments and Risk Assessment were completed accurately. The 7-day Safety Assessment was completed 4 days after the due date. A CPS history check was documented 56 days after the report was received. The record did not reflect attempts to contact the fathers of the children or notify them of the SCR report.



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

**Issue:**

Review of CPS History

**Summary:**

Although a CPS history check was documented, it was not completed until 56 days after the report was received. The CPS history check was completed on 8/21/17.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within one business day, NCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

Although the 7-day Safety Assessment was completed accurately, it was not completed until 4 days after the due date. The 7-day Safety Assessment was approved on 7/10/17.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

NCDSS will document assessment of safety and risk of all children in the household within the required timeframe of 7 days.

**Issue:**

Failure to provide notice of report

**Summary:**

Although the mother was provided with written notice of the SCR report timely, the record did not reflect the fathers of the children were provided with written notice of the SCR report.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

NCDSS will make diligent efforts to contact absent parents of children named in a report and to provide written notice within 7 days of receipt of the report.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

Although one collateral contact was made, the record did not reflect attempts to contact the fathers of the children who may have had information pertinent to the investigation.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

NCDSS will contact or make diligent efforts to contact relevant collateral sources who may have information relevant to the investigation, including absent parents.



From 2010-2014, the family was involved in four SCR reports. There were allegations regarding IG, LS, IF/C/S, L/B/W and PD/AM. The mother was unsubstantiated regarding all allegations. The father of the child and the eldest sibling was substantiated in one investigation regarding IG.

### Known CPS History Outside of NYS

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

### 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