



Report Identification Number: SV-23-019

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

Issue Date: Aug 18, 2023

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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: 2 month(s)

Jurisdiction: Rockland
Gender: Male

Date of Death: 04/20/2023
Initial Date OCFS Notified: 04/20/2023

Presenting Information

An SCR report alleged on 4/20/23, the daycare provider put the 2-month-old infant down for a nap at an unknown time. The infant was sleeping in a full-sized bed. The daycare provider returned to check on the infant about an hour later. The daycare provider found the infant laying on his stomach and unresponsive. The daycare provider called 911 and then sought assistance from neighbors. An adult was administering CPR when EMS arrived and took over. The infant was transported to the hospital and was declared deceased at 7:07 PM. The infant was otherwise healthy and there was no explanation for his death.

Executive Summary

On 4/20/23, the Rockland County Department of Social Services (RCDSS) received an SCR report regarding the death of the 2-month-old male infant that occurred on that date. The report contained allegations of DOA/Fatality and Inadequate Guardianship against the infant’s daycare provider. At the time of the infant’s death, he resided with his mother, father and 4-year-old sibling. The sibling’s father resided out of the country and had no contact with the sibling. The daycare provider resided with her adult son, adult daughter, and 3 grandchildren, ages 21, 17, and 5.

RCDSS conducted a joint investigation into the infant’s death with law enforcement. The investigation revealed the mother dropped the infant and sibling off at the daycare provider’s home at 12:30 PM on 4/20/23. At 4:30 PM the daycare provider swaddled the infant with a blanket and placed him on his left side with his head on an adult-sized pillow in the middle of the daycare provider’s full-sized bed. The daycare provider checked on the infant at 6:00 PM and found him on his stomach on the bed and unresponsive. The daycare provider attempted to resuscitate the infant then ran outside with him. A woman outside called 911 and breathed into the infant’s mouth until EMS arrived. EMS performed life-saving measures and transported the infant to the hospital. Efforts to resuscitate the infant were unsuccessful and he was pronounced deceased at 7:07 PM.

An autopsy was performed, and the cause of death was sudden unexpected death in infancy complicated by prone position on adult bed. Other significant conditions contributing to the death but not related to cause were rhinovirus and human parechovirus. The manner of death was undetermined. The medical examiner said the infant appeared well-cared for with no injuries, marks, or bruises. She reported that she could not rule in or out whether the bed positioning caused the infant's death. She further reported that the manner of death was undetermined since it was unclear if the infant rolled over as a result of dying, died as a result of rolling onto his face, or died as a result of the viruses. The law enforcement investigation closed with no criminal charges filed. RCDSS determined there was not a fair preponderance of evidence gathered and unsubstantiated the allegation of DOA/Fatality.

RCDSS learned that at the time of the incident, the 4-year-old sibling and 2 other daycare children, aged 6 and 3 years, were outside playing on a trampoline unsupervised for an unknown length of time while the daycare provider was inside the home. Allegations of Lack of Supervision and Inadequate Guardianship were added and substantiated against the daycare provider regarding the 3 children. The sibling and 2 other children were assessed to be safe in the care of their parents.

The parents, sibling, and daycare provider engaged in bereavement services from their church. RCDSS assisted the parents with obtaining licensed daycare for the sibling and provided funeral assistance.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

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:
 Safety Assessments were not required to be completed since it was a daycare SCR report. The case was appropriately indicated and closed.

- 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:
 Casework activity was commensurate with case circumstances.

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: 04/20/2023 **Time of Death:** 07:07 PM

Time of fatal incident, if different than time of death: 06:00 PM

County where fatality incident occurred: Rockland

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 and/or ingested alcohol or drugs? No

**Child's activity at time of incident:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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	2 Month(s)
Deceased Child's Household	Father	No Role	Male	19 Year(s)
Deceased Child's Household	Mother	No Role	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	62 Year(s)
Other Household 2	Other Adult - 6yo Other Child's Mother	No Role	Female	25 Year(s)
Other Household 2	Other Adult - 6yo Other Child's Father	No Role	Male	28 Year(s)
Other Household 2	Other Child - Other Child	Alleged Victim	Male	6 Year(s)
Other Household 3	Other Adult - 3yo Other Child's Mother	No Role	Female	36 Year(s)
Other Household 3	Other Adult - 3yo Other Child's Father	No Role	Male	40 Year(s)
Other Household 3	Other Child - Other Child	Alleged Victim	Female	3 Year(s)
Other Household 4	Other Adult - Sibling's Father	No Role	Male	27 Year(s)

LDSS Response

RCDSS contacted the source of the report and notified the DA's office of the death. They assessed the parents' home to be safe and interviewed the parents and sibling. RCDSS and OCFS Daycare Licensing conducted home visits at the daycare provider's home and interviewed the daycare provider and her household members. Other daycare children and their parents were added to the case and interviewed. RCDSS spoke to the medical examiner, law enforcement, and EMS. Law enforcement photos, hospital records and pediatrician records were reviewed. RCDSS determined the parents and daycare provider had no SCR history.

During interviews, the parents reported the infant was born full-term with no complications. They said the infant had been to the pediatrician on 4/19/23 and was healthy. The parents said the daycare provider cared for the sibling since March 2022 and the infant attended for the previous 3 weeks. The parents said they were educated about safe sleep guidelines; however, in their culture an infant slept in bed with their parents. They said the daycare provider utilized her adult bed and the infant's car seat for naps. They had recent concerns for the daycare provider not changing the infant's diaper and for supervision of the sibling. The mother said the infant was healthy on 4/20/23 when she dropped the children off at daycare at 12:30 PM. The father later received a phone call from law enforcement telling him to go to the hospital. Upon arrival, the parents were informed of the infant's death. The sibling stated he was outside on the trampoline with other children while the daycare provider was inside the home with the infant. He did not provide any other details about the incident.



The daycare provider said she provided day care services to children for many years, and never had a license. She said she currently provided daycare for 6 children. She denied knowledge of safe sleep guidelines and said the parents were aware the infant napped on her bed or in his car seat. She said on 4/20/23, she was caring for the infant, the sibling, and 2 other children aged 6 and 3. Her 17-year-old granddaughter was caring for 10 and 5-year-old children. The daycare provider said the mother dropped the infant and sibling off at 12:30 PM. The infant was fussy, so she fed him a bottle and held him for a while. She fed the infant a second bottle at 3:30 PM then placed him in the middle of her full-sized bed for a nap at 4:30 PM. She swaddled the infant in a fuzzy blanket, placed his head on an adult-sized pillow and laid the infant on his left side. The sibling, 6, 5, and 3-year-old children played outside on the trampoline, the 10-year-old child did schoolwork in the living room, and she did laundry in the basement and periodically checked on the children outside through the window. She said she checked on the infant at 6:00 PM and found he was no longer on the pillow, had rolled onto his stomach, and was unresponsive. She patted the infant on the back and breathed into his mouth. She then ran outside with the infant and screamed for help. A woman outside called 911 and breathed into the infant’s mouth until EMS arrived.

The daycare provider’s 17-year-old grandchild reported the infant appeared to be acting normal on 4/20/23. She left the home around 5:00 PM, and when she returned a few minutes later, an ambulance was at the home. She did not provide any other details. The 10 and 6-year-old children reported they often played outside unsupervised. The 10-year-old child said the daycare provider started screaming and ran outside with the infant. He was not aware of any other details. The children’s parents reported no concerns for the daycare provider’s care of the children.

Pediatrician records confirmed the infant was seen for a well visit on 4/19/23 and there were no health concerns noted. EMS and law enforcement records confirmed the daycare provider, and another woman were standing outside with the infant upon their arrival.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

Comments: Rockland County does not have an OCFS-approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064628 - Deceased Child, Male, 2 Mons	064632 - Day Care Provider, Female, 62 Year(s)	DOA / Fatality	Unsubstantiated
064628 - Deceased Child, Male, 2 Mons	064632 - Day Care Provider, Female, 62 Year(s)	Inadequate Guardianship	Substantiated
064631 - Sibling, Male, 4 Year(s)	064632 - Day Care Provider, Female, 62 Year(s)	Inadequate Guardianship	Substantiated
064631 - Sibling, Male, 4 Year(s)	064632 - Day Care Provider, Female, 62 Year(s)	Lack of Supervision	Substantiated
064633 - Other Child - Other Child , Male,	064632 - Day Care Provider, Female,	Inadequate	Substantiated



Child Fatality Report

6 Year(s)	62 Year(s)	Guardianship	
064633 - Other Child - Other Child , Male, 6 Year(s)	064632 - Day Care Provider, Female, 62 Year(s)	Lack of Supervision	Substantiated
064636 - Other Child - Other Child , Female, 3 Year(s)	064632 - Day Care Provider, Female, 62 Year(s)	Inadequate Guardianship	Substantiated
064636 - Other Child - Other Child , Female, 3 Year(s)	064632 - Day Care Provider, Female, 62 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Explain:
The sibling and other children were assessed safe in their parents' care; however, Safety Assessments were not required to be completed since it was a daycare SCR report.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
A RAP was not required to be completed due to being a daycare SCR report. Appropriate services were offered to the family.

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 as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

The parents and sibling obtained bereavement services from their church following the infant's death.

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

Explain:

The parents, sibling and daycare provider obtained bereavement services from their church following the infant's death.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

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
- Experienced domestic violence
- Had a positive toxicology at the time of delivery
- Used marijuana
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

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

Known CPS History Outside of NYS

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

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.

Additional Local District Comments

CPS conducted a joint investigation with Child Care Resources. Child Care Resources spoke with the Day Care Provider about what she would need to do to become a licensed provider. Child Care Resources went on to explain that the Day Care Provider can care for her grandchildren, and she can only care for two children that are not related to her. Additionally, Child Care Resources will make unannounced visits to ensure that this directive is being adhered to, and if it was learned that the Day Care Provider is caring for more than two non-related children, she will be fined \$500 per day. Day Care Provider acknowledged understanding of this information. On at least two occasions, Child Care Resources was at the Day Care Provider's home.

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