

Report Identification Number: NY-16-087

Prepared by: New York City Regional Office

Issue Date: Mar 21, 2017

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	

Case Information



Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: New York
Gender: Male

Date of Death: 08/18/2016
Initial Date OCFS Notified: 08/18/2016

Presenting Information

On 8/18/16, at an unknown time, the four-month-old male child was found unresponsive at the daycare provider's home. The daycare provider called the EMS who transported the child to Harlem Hospital where the child arrived and was under cardiac arrest. The child was pronounced dead at approximately 6:00 PM. The child did not have any preexisting medical conditions.

Executive Summary

Following the receipt of the report, the New York City Department of Health and Mental Hygiene (DOHMH) initiated an investigation into the licensing of the daycare provider. The investigation revealed that the Day Care Provider (DCP) was licensed since 2006 to expire 09/21/2018. The DCP is licensed to provide care to six children from six weeks old to twelve years old. The DCP provided care to her two grandsons, ages two and four-years-old and the four-month-old SC. During an inspection of 8/12/16, day care records from some of the children were incomplete and the feeding schedule instructions were missing for two of the children.

On 8/19/16, the DOHMH suspended and revoked the DCP's registration to operate. The violations cited were the DCP left the children without competent supervision, out of her direct site and without a baby monitor. The DCP had no written consent from parents to leave their children alone while sleeping. The DCP had no written permission to place the infant to sleep prone. The DCP had no written permission from the infant's medical provider documenting the infant should not be placed supine. The DCP failed to advise DOHMH that her bedroom was also being used as part of the daycare child space, citing only the living room. The DCP also did not inform DOHMH of the death of the SC.

ACS initiated an investigation into the death of the four-month-old male infant and made contact with LE, EMS and the ME. ACS learned that the ME found no signs of maltreatment or abuse of the child. LE reported they found no criminality and closed their case. ACS learned from EMS that they arrived at the daycare at 5:08 PM and transported the SC to Harlem Hospital where medical staff attempted to revive the SC until he was pronounced dead at 5:55 PM.

The Specialist also interviewed the DCP and her family members who reside in the home. The DCP reported the BM and SC arrived at 8:50 AM and he was fine throughout the day. At 2:00 PM, the SC drank all five ounces of his bottle, she burped him and placed him in the bouncer seat where he fell asleep. At 3:00, she placed him prone asleep in the playpen. According to the DCP, the SC usually slept for 1 to 2 hours. She checked on him and he was fine. At 5:00 PM, she went to get him dressed to be picked up and she discovered he was unresponsive. She screamed and her adult son came to her aid and initiated CPR while she summoned EMS. The DCP's adult son accompanied the SC in the ambulance to the hospital. The DCP arrived shortly after and fainted when she heard he died.

ACS interviewed the DCP's adult son and the fifteen-year-old child that were present at the time of the discovery. The details were similar and both denied ongoing child care responsibilities. The Specialist also interviewed the other family members who were not present but were later told. The family reported no concerns.

The Specialist interviewed the parents at home and observed the three-year-old surviving sibling. The parents told the



Specialist the SC began daycare with the DCP on 7/25/16. She reported the SC was healthy, playful and always smiling. His last visit with the pediatrician was on 8/12/16 and his immunizations were updated. The BM corroborated the DCP's statement that she should place the SC to sleep prone.

On 10/17/16, ACS unsubstantiated the allegation of DOA/Fatality of the SC by the DCP citing there was a lack of evidence to suggest that the DCP's actions caused or contributed to the death of the child. ACS substantiated the allegation of IG of the SC by the DCP citing DOHMH revocation of the DCP's license to operate.

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? Unable to Determine
- Was the safety decision on the approved Initial Safety Assessment appropriate? No

Determination:

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

Explain:

- Was the decision to close the case appropriate? 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:

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	Although the determination for the DOA/Fatality was unsubstantiated the determination narrative states the allegation is substantiated. The determination narrative is inconsistent with the final determination.
Legal Reference:	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)
Action:	The Administration for Children's Services (ACS) must submit a corrective action plan within 45



days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:	Pre-Determination/Supervisor Review
Summary:	The determination narrative is inconsistent with the final determination. The determination narrative stated the allegation of DOA/Fatality is substantiated; however the allegation was unsubstantiated. This reflects a lack of supervisory oversight.
Legal Reference:	18 NYCRR 432.2(b)(3)(v)
Action:	The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/18/2016

Time of Death: 06:00 PM

Time of fatal incident, if different than time of death: 05:06 PM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

05:06 PM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 2 Hours

Is the caretaker listed in the Household Composition? No

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

Licensing/Registering Agency: Department of Health and Mental Hygiene

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	No Role	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	52 Year(s)
Other Household 1	Other Adult	No Role	Male	27 Year(s)
Other Household 1	Other Adult	No Role	Male	32 Year(s)
Other Household 1	Other Adult	No Role	Male	56 Year(s)
Other Household 1	Other Child	No Role	Male	2 Year(s)
Other Household 1	Other Child	No Role	Female	15 Year(s)

LDSS Response

On 8/18/16, ACS responded to the report registered by the SCR regarding the death of the four-month-old male infant. ACS obtained information from the first responders, ME, daycare provider (DCP) and her family. According to the case documentation, the DCP operated out of her home and had been licensed since 2006 to expire 9/2018. She had been licensed to provide care to six children from ages six weeks to twelve years of age. She had been recently given a violation for incomplete records for some children and missing feeding schedule instructions. The DCP resided in the home with her husband, adult son, teen-daughter and one grandson; however, at times, her two other grandchildren would be present.

The DCP reported that on 8/18/16, the SC arrived at the daycare at 8:50 AM and the BM would usually pick him up between 5:30 and 6:00 PM. The DCP stated the SC ate well, played, slept and he was fine not fussy. She fed him between 11:30 AM and 12:00 PM and again at approximately 2:00 PM. After the second feeding, she placed him in the "bouncy seat" where he fell asleep. The DCP took him to the playpen in her bedroom and lay him to sleep in a prone position. There was a child's fleece-like blanket that covered the mattress in the playpen. She explained that if he is placed to sleep supine, he would not sleep well and would cry. The DCP stated the BM told her it was alright to place the SC prone. She also stated that during their initial meeting, she showed the BM the sleeping accommodations and she had no complaints. The DCP said she checked on the SC once and he was fine and then she went to wake him to dress him, as he would soon be going home. She picked him up and discovered the SC limp and unresponsive. She screamed and her adult son initiated CPR for which he has a certificate, and the DCP called 911. The ambulance transported the SC and the adult son to Harlem Hospital where the SC was pronounced dead at 5:55 PM. The DCP's teenage daughter contacted the BM who reported to the hospital where she was informed of her son's death. The ME reported there were no signs of abuse or maltreatment. On 8/18/16, LE reported they found no criminality and closed their case.

According to the case documentation, at the time of the incident, the DCP's teenage daughter was in her room. The DCP's adult son did not go to work on that day, he was in and out of the home. He stated that he last saw the SC alive in the bouncer at approximately 3:00 PM. It was approximately 5:00 PM that the DCP cried out and he ran from his room and observed her holding the SC. He stated that he took the SC from the DCP and he felt cold to touch; however, he initiated CPR as he is certified. He stated he rode in the ambulance with the SC to the hospital. The DCP's son adult friend was interviewed as she was in the kitchen at the time of the discovery; her account corroborated the others. The documentation reflected the other daycare child was picked up at 5:00 PM. ACS interviewed the other household members and family and



they reported no concerns.

On 8/19/16, ACS interviewed the parents of the SC who stated they had no concerns regarding the DCP or the home. The BM reported she told the DCP that at home she usually places the SC to sleep prone because he is more comfortable and sleeps longer. On 10/14/16, the BM informed ACS that she received the autopsy results and the cause of death was unknown. The Specialist also visited the DCP who declined services. ACS provided both households with pamphlets of information on speaking to children about death.

On 10/18/16, ACS unsubstantiated the allegation of DOA/ Fatality of the SC by the DCP citing there was a lack of credible evidence to suggest that the DCP's actions caused the death of the SC. ACS substantiated the allegation of IG of the SC by the DCP. ACS cited day care rules that there was credible evidence to suggest that the DCP failed to provide the SC with sufficient monitoring and appropriate care.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
035361 - Deceased Child, Male, 4 Mons	035366 - Day Care Provider, Female, 52 Year(s)	Inadequate Guardianship	Substantiated
035361 - Deceased Child, Male, 4 Mons	035366 - Day Care Provider, Female, 52 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

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 safety 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 type="checkbox"/>	<input checked="" type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 safety assessments have not been review due to a CONNECTIONS system error.



Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The incident of the SC's death occurred while he was in the care of the DCP. The SS was in the care of the biological parents who are not subjects of this report.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 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 checked="" 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"/>



Additional information, if necessary:
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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? No

Explain:

ACS referred the family to services and the parents declined.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

ACS referred the family to services and the parents declined.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- 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

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 history.



Known CPS History Outside of NYS

There was no CPS history outside of NYS.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Provider Oversight/Training

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

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

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