



Report Identification Number: SY-19-028

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

Issue Date: Oct 02, 2019

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 06/24/2019
Initial Date OCFS Notified: 06/24/2019

Presenting Information

An SCR report was received on 6/24/19, which alleged an unrelated home member had been caring for the subject child and other children for several days while the subject child's guardian was away. At 4AM on the morning of 6/24/19, the subject child woke and an unrelated 12yo child fed her a bottle, changed her diaper and laid her back on the mattress where the 12yo and a 19yo home member slept together. The adult that was caring for the child woke around 7AM and found the subject child unresponsive. The adult called 911 and EMS responded and transported the child to Upstate Medical Center where she was pronounced deceased at 7:30AM. The subject child had no known medical conditions and had not been sick.

Executive Summary

This report concerns the death of the 13-month-old subject child. Onondaga County Department of Social Services (OCDSS) received an SCR report regarding the death on 6/24/19, and additionally had an open foster care case with the child and her mother at the time of her death. The child was residing in a kinship foster home with her foster mother and foster mother's children (ages 8 and 5). At the time of her death, the child was spending the weekend at a friend of the foster mother's who agreed to babysit. The babysitter (OA1) resided in the home with her adult daughter/babysitter (OA2), and OA1's seven children (ages 13, 12, 11, 9, 8, 6 and 3 months). The child was not ill and her death was considered suspicious.

The child was in the care of OA1 and OA2 from 6/20/19-6/24/19. On 6/22/19 the foster mother did pick the child up in the morning and returned her to OA1's home in the late afternoon. The foster mother and mother were visiting with the child and reported she was healthy when they returned her to OA1's care. While at OA1's home, OA2 and OA1's 12yo child were the subject child's primary caregivers. The child slept in the bed with OA2 and the 12yo. The 12yo and OA2 each reportedly weighed over 225 pounds. On the morning of 6/24/19, OA2 discovered the child was unresponsive, and brought it to the attention of OA1. OA2 contacted 911 and began resuscitation efforts while waiting for EMS. First responders continued life saving measures and took the child to the hospital where she was pronounced deceased.

The ME was notified and performed an autopsy. The external examination showed no evidence of injury, but the child did have some scalp contusions. Further, no congenital or natural diseases were identified. The ME took samples for testing and was awaiting the results. The preliminary autopsy report listed the cause and manner of death as pending. An investigator from the ME's office performed a reenactment with the family. LE did not pursue criminal charges in relation to the child's death and the investigation remained open pending further information from the ME.

Throughout the investigation, OCDSS interviewed each adult present at OA1's home at the time of the incident. Additionally, OCDSS spoke with the foster mother, father and mother. The safety of the surviving children in both OA1's home and the foster home was assessed and no issues were found. OCDSS repeatedly provided OA1 with safe sleep education throughout the investigation, as they learned she was co-sleeping with her 3-month-old child. OA1 began using a crib for the infant and OCDSS provided a portable crib to the infant's father to use at his home. OCDSS spoke with the father of OA1's other children and he denied any concerns regarding the care OA1 provided the children.

OCDSS made appropriate collateral contacts, including the daycare provider for the foster mother's children, doctors and family members. OCDSS followed up on concerns that arose during the investigation regarding the other children in OA1's home and the foster mother's children. OCDSS had not made a determination in the investigation at the time of this



writing and the investigation remained open.

OCDSS completed all safety assessments accurately and timely and offered all involved appropriate services. The foster mother and mother were offered assistance with funeral arrangements and all adults and children were given referrals for grief counseling.

PIP Requirement

OCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS 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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

The investigation had not yet been determined at the time of this writing.

Was the decision to close the case appropriate? N/A

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

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

Explain:

The investigation remained open at the time of this writing.

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: 06/24/2019

Time of Death: 07:30 AM

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

Unknown

County where fatality incident occurred:

Onondaga

Was 911 or local emergency number called?

Yes

Time of Call:

06:42 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

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	1 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	24 Year(s)
Deceased Child's Household	Other Child - foster parent's child	No Role	Male	8 Year(s)
Deceased Child's Household	Other Child - foster parent's child	No Role	Female	5 Year(s)
Other Household 1	Mother	No Role	Female	25 Year(s)
Other Household 2	Father	No Role	Male	29 Year(s)
Other Household 3	Other Adult - Babysitter 2	Alleged Perpetrator	Female	19 Year(s)



Other Household 3	Other Adult - Babysitter 1's mother	No Role	Female	49 Year(s)
Other Household 3	Other Adult - Babysitter 1	Alleged Perpetrator	Female	29 Year(s)
Other Household 3	Other Child - Babysitter 1's child	No Role	Male	13 Year(s)
Other Household 3	Other Child - Babysitter 1's child	No Role	Male	3 Month(s)
Other Household 3	Other Child - Babysitter 1's child	No Role	Male	6 Year(s)
Other Household 3	Other Child - Babysitter 1's child	No Role	Female	12 Year(s)
Other Household 3	Other Child - Babysitter 1's child	No Role	Male	8 Year(s)
Other Household 3	Other Child - Babysitter 1's child	No Role	Male	8 Year(s)
Other Household 3	Other Child - Babysitter 1's child	No Role	Male	7 Year(s)
Other Household 4	Other Adult - father of foster mother's children	No Role	Male	27 Year(s)
Other Household 5	Other Adult - father of Babysitter 1's 3 month old child	No Role	Male	38 Year(s)
Other Household 6	Other Adult - father of babysitter 1's other children	No Role	Male	55 Year(s)

LDSS Response

On 6/24/2019, OCDSS received an SCR report regarding the death of the subject child and contacted the ME, the attorney for the child, the DA and coordinated their investigation with LE. OCDSS completed a CPS history review for the mother, foster mother and babysitters (OA1 and OA2) that were caring for the child when she died. OCDSS assessed the safety of the foster mother's children and OA1's children, at their respective homes immediately after learning of the child's death.

OCDSS spoke with the foster care worker and learned the foster mother told her about the death of the child on 6/24/19 when the worker called the foster mother about their scheduled home visit earlier that day. The worker shared that she had spoken with the foster mother on 6/20/19 to arrange the visit and the foster mother did not ask for weekend respite for the child, or tell the worker she intended to leave the child at OA1's home for the weekend. The worker explained that OA1 was not approved to care for the child and the foster mother was aware of the rules regarding leaving the child with someone not approved by OCDSS to provide care.

The foster mother reported she often left the subject child and her own children in OA1's care. She took the child to OA1's home on 6/20/19 and picked her up on 6/22/19 at 10AM, later returning her to OA1 at about 4PM. The foster mother's birthday was that weekend and she was out celebrating. The foster mother's children were with their paternal grandmother. The foster mother practiced safe sleep in her home and OCDSS observed an appropriate sleep environment for all the children. The foster mother stated that she did not know the child was sleeping in a bed with other adults while at OA1's home. The mother was interviewed and had no information to add regarding the fatality. The mother provided the father's name and contact information.

OCDSS interviewed OA1 and OA2 regarding the child's death. OCDSS learned that OA1's 12yo child often cared for the child while she was at the home, including the evening before her death. OA1 stated the 12yo took the child to bed at about 11PM on 6/23/19, and then came back downstairs and said the child was asleep. OA1 reported the morning of 6/24/19, her 9yo child carried the subject child to her and told her OA2 said there was something wrong with her. OA2 was not cooperative in speaking with OCDSS, but spoke with LE.

OA2 and OA1 participated in a reenactment with LE. OA1 filled the role of the 12yo child during the exercise. OCDSS learned the evening of 6/23/19, OA2, the 12yo child and the subject child were all sleeping across a full size mattress, with only a fitted sheet. The child was positioned on the bed closest to the wall, the 12yo was next to her and OA2 was next to



the 12yo. OA2 stated the 12yo placed the child on the bed at 11PM and then laid next to her a short while later. OA2 said she checked on the child at 1:30AM when she went to bed and she was sleeping in a supine position with her bottle in her hand. OA2 stated the 12yo fed the child a bottle and changed her at 3 or 4AM. At around 6:30AM, OA2 woke up and found the child unresponsive in the bed, the 12yo was already awake and preparing for the school day. During the reenactment, the side of the bed where the child was, lifted up when the 2 adults laid on the bed .

The 12yo told OCDSS she placed the child on the end of the bed with her head toward the wall at about 9PM and then she laid in the bed around 9:30PM. The 12yo did not know what time OA2 joined them in the bed, but recalls feeling her get in because she laid down hard. The 12yo denied getting up with the child during the night. The 12yo woke in the morning and saw the child but thought she was sleeping. She then got ready for school and left the house. The 12yo told OA2 to change the child's diaper as she was leaving the room.

OCDSS found that the 12yo was the primary caretaker for the child and safe sleep was not practiced in OA1's home

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or 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 reviewed by an OCFS approved Child Fatality Review Team?Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050981 - Deceased Child, Female, 1 Yrs	051436 - Other Adult - Babysitter 2, Female, 19 Year(s)	Inadequate Guardianship	Pending
050981 - Deceased Child, Female, 1 Yrs	051435 - Other Adult - Babysitter 1, Female, 29 Year(s)	DOA / Fatality	Pending
050981 - Deceased Child, Female, 1 Yrs	051435 - Other Adult - Babysitter 1, Female, 29 Year(s)	Inadequate Guardianship	Pending
050981 - Deceased Child, Female, 1 Yrs	051436 - Other Adult - Babysitter 2, Female, 19 Year(s)	DOA / Fatality	Pending

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

OCDSS contacted several first responders and did not receive return contact.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	-------------------------------------	--------------------------

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 OCDSS offered numerous referrals for services to individuals in both homes after the death. Most of the services offered were refused.

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"/>

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 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



Child Fatality Report

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:
Mental health and grief counseling referrals were offered to all the children in the foster mother and OA1's home.

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

Explain:
The foster mother, mother and both babysitters were offered referrals for grief counseling services. The foster mother and mother were also offered assistance with funeral arrangements.

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? Yes

Were there any siblings ever placed outside of the home prior to this child's death? Yes

Was the child acutely ill during the two weeks before death? No

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)
06/24/2019	Deceased Child, Female, 13 Months	Other - Babysitter 1, Female, 29 Years	Inadequate Guardianship	Pending	No
	Deceased Child, Female, 13 Months	Other - Babysitter 2, Female, 19 Years	Inadequate Guardianship	Pending	

Report Summary:

An SCR report was received that alleged the subject child was found unresponsive in OA1's home by one of OA1's children. The subject child had no visible injuries or prior medical condition that would have contributed to her condition. The subject child had been in the care of OA1 and OA2 for several days before the incident, therefore they were deemed persons legally responsible. The subject child's sleeping arrangements were unknown and it was not clear why she was moved from the area where she was found unresponsive.

Report Determination: Undetermined



OCFS Review Results:

The incident reported in the report led to the death of the SC, and an additional SCR report was made regarding the fatality. The reports were investigated concurrently and there had been no determination made in this investigation at the time of this writing.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/05/2018	Other Child - 4, Male, 11 Years	Other - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - 4, Male, 11 Years	Other - Babysitter 1, Female, 28 Years	Lack of Supervision	Unsubstantiated	
	Other Child - 5, Male, 9 Years	Other - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - 5, Male, 9 Years	Other - Babysitter 1, Female, 28 Years	Lack of Supervision	Unsubstantiated	
	Other Child - 4, Male, 11 Years	Unrelated Home Member, Male, 54 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - 5, Male, 9 Years	Unrelated Home Member, Male, 54 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - 3, Female, 11 Years	Other - Babysitter 1, Female, 28 Years	Lack of Supervision	Unsubstantiated	
	Other Child - 3, Female, 11 Years	Other - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR Report alleged the father of OA1's children called OA1 and said he was going to kill the children. OA1 rushed home and found the father had thrown children to the ground and pushed them up against the fence and put a knife to the childrens' throats. The father then attacked OA1 with a knife, causing OA1 to have defensive wounds on her hands. The father then fled the residence and police were notified.

Report Determination: Indicated

Date of Determination: 09/28/2018

Basis for Determination:

There was evidence found that the father threatened OA1's children with physical harm and then stabbed her with scissors in front of the children. The children denied they were ever left home alone while their mother worked. The mother had no role in the incident and the children were safe in her care. The father was arrested and incarcerated.

OCFS Review Results:

The casework was commensurate with the case circumstances. The 7-day safety assessment was not completed on time, although it was accurate.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The SCR report was received on 9/5/18 and the 7-day safety assessment was not completed and approved until 9/18/18.

Legal Reference:

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

Action:



OCDSS will complete safety assessments according to regulatory timeframes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/13/2018	Other Child - BS1 CH5, Male, 8 Years	Other Adult - Babysitter 1, Female, 28 Years	Lack of Supervision	Far-Closed	Yes
	Other Child - BS1 CH6, Male, 6 Years	Other Adult - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Far-Closed	
	Other Child - BS1 CH6, Male, 6 Years	Other Adult - Babysitter 1, Female, 28 Years	Lack of Supervision	Far-Closed	
	Other Child - BS1 CH5, Male, 8 Years	Other Adult - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

An SCR report alleged that OA1 failed to supervise her children (then ages 13, 8 and 6 years). OA1 left the home most days for several hours at a time and left the 13yo to supervise the other children. The 13yo was not mature enough to care for herself or her siblings. The children were often outside wandering the streets and getting into mischief. The children reportedly had broken windows in neighboring homes and had a knife they used to damage property. OA1 threatened other adults with harm if anyone addressed the concerns with her.

OCFS Review Results:

There were no collateral contacts made during the investigation. The notice of existence letters were not sent in a timely manner. The family did not participate in completion of the FLAG. This case was subsequent to an open FAR case, but was unable to be consolidated. Although there was documentation the FLAG was completed with the family in the earlier FAR case, it was not documented in this case.

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

Issue:

FAR-Overall Completeness/Adequacy of Family Assessment Response

Summary:

The written notification was sent on 8/28/2018, although the report was tracked FAR on 8/14/2018. The family was minimally engaged at the one home visit that occurred and there was no information from the FLAG in the progress notes to indicate discussion with the family. OCDSS did not ask the family for collateral contacts during the open case, and therefore no collateral contacts were made.

Legal Reference:

18 NYCRR 432.13 (a)(1-4)

Action:

OCDSS will send written notification of the report within 7 days of receipt. OCDSS will apply FAR principles during FAR investigations, including engaging families in the assessment of their own needs, strengths, safety and risk. OCDSS will actively discuss collateral sources of information with families engaged in FAR. OCDSS will document all casework in the case record.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/01/2018	Other Child - 8, Male, 6 Years	Other - Babysitter 1, Female, 28 Years	Lack of Supervision	Far-Closed	Yes
	Other Child - 5, Male, 9 Years	Other - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Far-Closed	



Other Child - 3, Female, 11 Years	Other - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Far-Closed
Other Child - 3, Female, 11 Years	Other - Babysitter 1, Female, 28 Years	Lack of Supervision	Far-Closed
Other Child - 6, Male, 7 Years	Other - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Far-Closed
Other Child - 4, Male, 10 Years	Other - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Far-Closed
Other Child - 6, Male, 7 Years	Other - Babysitter 1, Female, 28 Years	Lack of Supervision	Far-Closed
Other Child - 4, Male, 10 Years	Other - Babysitter 1, Female, 28 Years	Lack of Supervision	Far-Closed
Other Child - 8, Male, 6 Years	Other - Babysitter 1, Female, 28 Years	Inadequate Guardianship	Far-Closed
Other Child - 5, Male, 9 Years	Other - Babysitter 1, Female, 28 Years	Lack of Supervision	Far-Closed

Report Summary:

An SCR report was received that alleged OA1 left her children home alone and unsupervised for extended periods of time on a daily basis. OA1 was aware the children needed a higher level of supervision due to destructive behavior in their neighborhood. The children regularly assaulted other children and broke car windows by throwing rocks.

OCFS Review Results:

The FLAG was completed with input from the family and identified issues were discussed. A subsequent report was received 12 days into the investigation and was unable to be consolidated with the investigation. The 7-day safety assessment was not completed timely.

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

Issue:

FAR-Timely/Adequate 7-Day Assessment

Summary:

The report was received on 8/1/18 and the safety assessment was completed on 8/21/18 and approved on 8/30/18.

Legal Reference:

18 NYCRR 432.13 (d)(2)(i) and (ii); 18 NYCRR 432.13(d)(3)

Action:

CCDSS will complete safety assessments within the required regulatory timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/26/2018	Deceased Child, Female, 1 Days	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Days	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged the biological mother gave birth to the subject child and they both tested positive for cocaine.

Report Determination: Indicated

Date of Determination: 05/31/2018

Basis for Determination:

The biological mother previously had children removed from her care and the children were residing with relatives. The



mother was ordered to complete services as part of a neglect petition regarding the siblings and never complied. The mother had no plan for the subject child's care and the child was removed and placed with a maternal relative.

OCFS Review Results:

The casework was commensurate with the case circumstances. The investigation closed but the biological mother and maternal relative caring for the deceased child, continued to work with OCDSS on an open services case.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/13/2017	Other Child - 3, Female, 10 Years	Other - Babysitter 1, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - 3, Female, 10 Years	Other - Babysitter 1, Female, 27 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

An SCR report alleged that the then 10-year-old child of OA1 had severe asthma and was prescribed medication and scheduled medical appointments for the asthma. The mother failed to provide the child with her medication and keep medical appointments. There was a history of lack of medical care for the child.

Report Determination: Unfounded

Date of Determination: 11/06/2017

Basis for Determination:

OCDSS found that OA1 was bringing her 10yo child for medical appointments and the child was undergoing optional treatment that required frequent and lengthy appointments. OA1 did not see results from the treatment and it was difficult to bring the child to the doctor so frequently as she had several other children, therefore she discontinued the appointments. OA1 and the child denied that the child was not receiving her medications regularly and the specialist confirmed the treatments were optional. OA1 was working with home support services and they had no concerns and continued to assist the mother at the conclusion of the investigation.

OCFS Review Results:

All reports and assessments were completed timely and accurately and collateral contacts were made with medical staff and other service providers. The determination and case closure were appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/08/2016	Sibling, Female, 1 Days	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 1 Days	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged the mother gave birth to a sibling on 9/7/16. Both mother and baby tested positive for cocaine. Mother had limited prenatal care. Mother had two children removed from her care in the past.

Report Determination: Indicated

Date of Determination: 12/02/2016

Basis for Determination:

The mother admitted to drug use and agreed for the sibling to live with a relative. The mother agreed to go for a substance abuse evaluation and follow recommended treatment. The relative was granted custody of the infant and was going through the process to become a certified foster parent. The mother failed to visit the sibling in the time the CPS investigation was open. The sibling remained in the relative's care, and relative care services for the relative and child continued when the investigation concluded.

**OCFS Review Results:**

The safety of the sibling was assessed throughout the investigation, however the 7-day safety assessment was not completed. Medical records for the infant were reviewed and the relative caring for the sibling was provided ongoing support from OCDSS. The father was identified and notified, but no attempts were made to contact him.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was not completed during the investigation.

Legal Reference:

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

Action:

OCDSS will complete all safety assessments in accordance with statutory requirements.

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

The sibling's father was identified and provided written notification of the report, but no attempts were made to interview him regarding the report.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children and other persons named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

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

The babysitter (OA1) has a history of reports with allegations of IG, IF/C/S and LS all unsubstantiated. There were eight SCR reports from 2009-2015. Most of the allegations also involved the father of OA1's children and several allegations were substantiated against him regarding OA1's children.

The second babysitter (OA2) had no CPS history where she was the alleged subject.

The foster mother of the SC had an SCR report in 2015 with allegations of IG and LS unsubstantiated against her regarding OA1's children.

Known CPS History Outside of NYS

There is no known history outside of the state of New York.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 04/27/2018

Evaluative Review of Services that were Open at the Time of the Fatality



Child Fatality Report

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent FASP was completed and approved 40 days late.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing



	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes
 Date deceased child(ren) was placed in care: 05/15/2018
 Date of placement with most recent caregiver? 05/15/2018
 How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 12/28/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 12/20/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 12/13/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The mother identified the father of the child and minimal attempts were documented regarding attempts to locate and contact him. There were several progress notes entered more than 30 days after the event date.

Required Action(s)

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

Yes No

Issue:	Efforts must be made to involve birth parents, including birth fathers, in the development and review of the foster child's service plan
Summary:	There is no documentation in the case record that diligent efforts were made to involve the infant's father in planning for her permanency.
Legal Reference:	18 NYCRR430.12(c)(2)
Action:	OCDSS must make efforts to involve parents and guardians in the development of the service plan for any child in foster care whose permanency plan goal is to return to parent.
Issue:	Timely/Adequate Case Recording/Progress Notes



Summary:	There were several case notes in the record entered more than 30 days after the event date.
Legal Reference:	18 NYCRR 428.5
Action:	OCDSS will enter all progress notes as contemporaneously as possible to their event dates.
Issue:	Timeliness of completion of FASP
Summary:	The FASP due on 11/23/18 was completed on 1/2/19.
Legal Reference:	18 NYCRR428.3(f)
Action:	OCDSS will complete FASP's within the required time frame.

Foster Care Placement History

A foster care case was opened in April of 2018, days after the infant was born. The infant was removed from the care of the biological mother on 4/27/18 when she was discharged from the hospital after birth. The mother and infant were born with positive toxicology's for drugs and the mother previously had other children removed due to drug use. The other siblings were in the Article 6 custody of relatives, as opposed to foster care. OCDSS previously filed neglect against the mother regarding the siblings, and the mother had not completed any court mandated services, including drug treatment. The infant was initially placed in a non-relative foster home and later on 5/15/18, she was placed in the home of a relative (initially as a direct relative placement with court supervision) and then on 6/4/19, certified as a kinship foster home. The mother was referred for substance abuse treatment, a mental health evaluation/treatment and granted supervised visitation with the infant. The mother initially agreed to the services and later discontinued contact and cooperation with OCDSS. The foster care case was open at the time of the infant's death, due to the mother's lack of progress in achieving her necessary service goals. OCDSS submitted the case for closure after the death of the infant, as services were no longer warranted.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
04/27/2018	There was not a fact finding	There was not a disposition
Respondent:	051433 Mother Female 25 Year(s)	
Comments:	The subject child was removed from her mother on this date. The child was placed into foster care immediately upon her discharge from the hospital. At the time of this writing the court matter had not been settled and it was not clear if the petition will be withdrawn due to the death of the child.	

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