



**Report Identification Number: NY-16-117**

**Prepared by: New York City Regional Office**

**Issue Date: May 30, 2017**

**(Report was reissued on: May 31, 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:** 20 day(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 11/10/2016  
**Initial Date OCFS Notified:** 11/10/2016

### Presenting Information

On 11/4/16 the infant was in cardiac arrest. The infant was otherwise healthy and stopped breathing while in the care of the BM. The BM had just finished breast feeding the infant, she attempted to burp him, held him up to her face and observed he was not breathing. She attempted to contact 911 but did not complete the call due to her limited English proficiency. She contacted the BF who contacted 911 for medical assistance . The infant was given CPR for 50 minutes before he was revived. The infant was transported to the hospital and placed on life support from 11/4/16 through 11/10/16.

### Executive Summary

This male infant died on 11/10/16. According to ACS, the cause of death as a medical condition and the manner as natural.

ACS was in the process of investigating the 11/4/16 SCR report when the agency learned about the infant's death. The allegation of the 11/4/16 report was IG of the infant by the BM.

ACS submitted to NYCRO the completed OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases. ACS submitted the OCFS Form 7065 to NYCRO within the required 72 hours of notification of the child's death. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS included the information in the open 10/4/16 investigation for further exploration. ACS utilized language interpretation services to engage family members.

According to the OCFS 7065 document, the infant was born in October 2016 at the Long Island Jewish Hospital (LIJH). The infant was healthy at birth. The OCFS 7065 reflected the parents denied the infant had a cold or fever and they denied any household member had been ill. The infant reportedly stopped breathing while in the BM's care on 11/4/16. The BM contacted the BF who contacted 911 for assistance. The first responders gave the infant CPR for 50 minutes before he was revived. EMS brought the infant to the Jamaica Hospital on 11/4/16; the infant was stabilized and then transferred to LIJH for medical care. The LIJH attending Dr. informed ACS that the infant had no brain activity on 11/6/16 and 11/7/16. The infant received the medical tests and was later determined medically brain dead. The infant remained at the LIJH until he was pronounced dead on 11/10/16.

The BM and two surviving siblings began to reside in the United States in May 2016. The BM received pre-natal care during her pregnancy with the infant. The infant was born full term, had no diagnosed medical condition, and was not prescribed medication. The infant had a well-child medical examination on 10/27/16. The family Dr. said the infant was fine and his follow-up medical examination had been scheduled, however, the infant died prior to the scheduled visit. The BM said the infant did not show signs of illness and there was no noticeable change in his feeding, sleep pattern or appearance. The BM said she fed the infant at approximately 12:00 p.m. on 11/4/16. She then placed the infant against her chest to burp him but he did not burp. She observed the infant took three deep breaths, the infant stopped breathing and his face turned yellowish. She attempted to contact 911 and the attempt was unsuccessful due to her limited English proficiency. The BM called the BF who contacted 911 for medical assistance.



The family did not have a crib for the infant. The infant slept alongside the BM in a queen size bed and the BF slept in a separate bedroom. ACS staff discussed with the BM safe sleep practices during the 11/7/16 home visit. During the 11/15/16 home visit, ACS staff asked the BM whether she placed the infant under the cover to sleep. The BM said she placed the infant on a blanket and covered him with another blanket to sleep in the bed. ACS staff was unable to observe the blanket because the parents said they donated the infant's items.

ACS staff observed the home was clean, well organized and the sleeping conditions were satisfactory. The siblings did not have observable marks or bruises. There were no concerns regarding the siblings' education and health needs. The family declined ACS offer for bereavement counseling and support services. ACS obtained a Family Court Legal Services (FCLS) consultation. FCLS directed ACS to keep the 11/4/16 investigation open pending the outcome of the infant's autopsy.

On 5/19/17, ACS unsubstantiated the allegation of IG of the infant. ACS noted the autopsy listed the cause of death as a medical condition and the manner as natural.

## 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

There were no allegations of abuse/maltreatment pertaining to the infant's death.

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:

N/A

## 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:** 11/10/2016

**Time of Death:** 01:09 AM

**Date of fatal incident, if different than date of death:** 11/04/2016

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

**County where fatality incident occurred:**

QUEENS

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

12:12 PM

**Did EMS to respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver

1

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	20 Day(s)
Deceased Child's Household	Father	No Role	Male	39 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)

### LDSS Response

ACS staff interviewed hospital staff and verified the infant was pronounced dead by the attending Dr. on 11/10/16. An assigned Dr. explained that the infant had symptoms of a pre-existing medical condition but it was unclear whether the medical condition contributed to the infant's death. The Dr. clarified that some individuals live with the identified condition. This Dr. planned to discuss preliminary findings with the ME. The ACS case record did not include additional information about the discussion.



The family Dr. informed ACS that the infant was seen for a well-child examination for newborn infants under eight days old on 10/27/16. The examination results were normal and there were no concerns about the infant's care. The infant had no signs or symptoms of illness. The Dr. said both parents had accompanied the infant to the 10/27/16 visit and the parents were instructed to return the infant for a follow-up examination in three weeks. The Dr. had discussed with the parents all the risk factors for Sudden Infant Death Syndrome; advised the parents to never shake the infant, never leave infant unattended, avoid second hand smoke, place infant on back to sleep and contact the Dr. with any concern. The BM disclosed to the Dr. that she had a history of an illness that was resolved prior to her pregnancy with the infant. The parents followed through with routine medical care for the infant and siblings. The Dr. had examined the surviving siblings on 8/4/16 for well-child care. The Dr. did not have concerns about abuse/maltreatment of the children.

The hospital social worker reported the parents brought the siblings to meet the child life specialist. The outcome of the meeting was satisfactory. ACS staff contacted the sibling schools and discussed the education needs. The school staff said the siblings attended school consistently and their behavior was appropriate.

ACS staff made several home visits and engaged the parents and surviving children. The siblings appeared to be healthy and they did not have observable marks or bruises. During the 11/15/16 follow up home visit, the parents discussed the infant's burial that had occurred on 11/14/16. The staff offered the parents bereavement counseling. The BF declined the offer and he said his community members visited the BM daily and they helped her to accept the loss of the infant. ACS staff discussed the infant's sleep position and the BM said she placed the infant on his back to sleep in the bed. She said the infant was on his back in the bed at the time she woke him at approximately 12:00 p.m. on 11/4/16. The BM said she no longer had the blankets she had utilized to cover the infant on 11/4/16. She showed ACS staff a navy-blue fleece blanket that was similar fabric to the blankets she had used to place beneath the infant and to cover the infant.

Regarding the timeline of events on 11/4/16, the BM said after the BF contacted 911, she (the BM) went downstairs to the first floor of the case address building with the infant. The BM said she was in the first floor apartment at the time the first responders arrived at the case address building. ACS staff visited the first floor apartment and interviewed the BM's cousin who said the BM and infant were on the sofa in her living room at the time the first responders arrived. The cousin did not recall the clothing the infant was wearing. The cousin said the infant was wrapped in a blanket and did not appear to be breathing.

The ME provided preliminary findings to ACS. The ME said it was necessary to review the infant and BM's medical records. The ME observed the infant had rib fractures that were consistent with CPR considering the time spent on attempting to revive the infant.

The ACS supervisor noted that due to FCLS attorney directives, the staff continued to visit the home, ensure the siblings needs were being met, and continued to offer services to address the death of the infant.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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



### 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The infant was admitted to the hospital on 11/4/16 and he remained hospitalized until he was pronounced dead on 11/10/16. ACS staff attempted to contact first responders but did not follow-up to obtain details of observations of the home on 11/4/16.

### 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 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



parent/caretaker actions adequate?				
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**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving 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: N/A				

**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 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"/>

**Additional information, if necessary:**

The parents said they received community based support through cultural and religious affiliates.

**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 two surviving siblings received Community Based Services with Cohen Children's Medical Center. The BF informed ACS staff that the services helped the siblings to deal with the loss of the infant.

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

**Explain:**  
ACS staff offered referral for bereavement services. The family refused the referral.

## History Prior to the Fatality

### Child Information

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



Was the child acutely ill during the two weeks before death?

Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

### CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/04/2016	14851 - Deceased Child, Male, 19 Days	14855 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	Yes

**Report Summary:**

The 11/4/16 report alleged on 11/4/16 the infant was in cardiac arrest. The infant was otherwise healthy and stopped breathing while in the care of the BM. When the infant stopped breathing the BM called 911 and hung up and called the BF who called 911. The infant went without oxygen for 50 minutes and was on life support. The infant's condition was inconsistent with the explanation was suspicious in nature. The BM was the alleged subject of the report. The roles of the BF and 9-year-old and 5-year-old siblings were unknown.

**Determination:** Unfounded

**Date of Determination:** 05/19/2017

**Basis for Determination:**

ACS unsubstantiated the allegation of IG of the infant by the BM on the basis that the BM had not failed to exercise a minimum degree of care as the autopsy for the infant was finalized and the cause of death was listed as a medical condition and the manner as natural.

**OCFS Review Results:**

ACS staff interviewed the parents and attending Dr. in the hospital on 11/4/16. The BM said she fed the infant, attempted to burp him and observed his body jumped and became still. She observed the infant was not breathing and she contacted the BF who called 911. ACS staff visited the home and observed the siblings were fine. The parents did not have a crib for the infant although they had received safe sleep practices education. ACS staff did not obtain pertinent information from the first responders about observations of the home conditions on 11/4/16.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

ACS did not obtain pertinent information from first responders about their observations of the case address.

**Legal Reference:**



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

**Action:**

ACS must submit a performance improvement plan within 45 days that identifies the action the agency has taken or will take to address the citations 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.

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

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

**Known CPS History Outside of NYS**

There was no known 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.

**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"/>

**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

N/A

## 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