



Report Identification Number: AL-17-029

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

Issue Date: Feb 13, 2018

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: 2 month(s)

Jurisdiction: Delaware
Gender: Female

Date of Death: 09/23/2017
Initial Date OCFS Notified: 09/25/2017

Presenting Information

On 9/21/17, while in the care of her babysitter (OA), the otherwise healthy SC was found unresponsive in her crib. SC was taken to a hospital and placed on life support. SC passed away on 9/23/17 for unknown reasons. The roles of the mother, father, and two other children were unknown.

Executive Summary

This fatality report concerns the death of a 2-month-old female SC that occurred on 9/23/17. At the time of SC's death, her family had an open CPS investigation due to an SCR report taken on 9/21/17. That report concerned the lack of medical care for SC by the mother and father. Mother (a nurse) and father reported the SC to have cold-like symptoms that began on 9/19/17. SC's parents did not take SC to the doctor as they thought the symptoms were viral and would not be treatable.

The death was referred to the medical examiner for autopsy and the autopsy findings were not completed at the time this report was written; the cause and manner of death remained pending. A preliminary autopsy report was received stating the cause of death was pneumonia. The medical examiner stated there may not have been any signs the SC was this ill, and symptoms could have been mistaken for a cold.

On 9/21/17, SC was found unresponsive at her babysitter's (OA) home. OA last checked on the child around 4PM while she was napping, and SC was still alive. Around 5PM, OA's husband went to wake the child and observed her lying on her stomach, face-down on the mattress. The husband picked the child up and brought her to OA and they realized she was not breathing. OA's husband called 911 and OA's adult daughter performed chest compressions until the ambulance arrived. SC was taken to the hospital and placed on life support. On 9/23/17, SC met the criteria for brain death and life support was removed. SC died shortly thereafter.

Delaware County Department of Social Services (DCDSS) gathered information about the circumstances of SC's death from OA, her husband, OA's adult daughter, and OA's minor children who were present on 9/21/17. CW interviewed SC's mother, father, and SS who all described SC as having cold-like symptoms in the days leading to her death. DCDSS gathered information from the hospital staff, SC's pediatrician, law enforcement, a forensic investigator, the medical examiner, and relatives. CW's completed all safety assessments and fatality reports adequately and on time. DCDSS offered grief counseling to SC's family as well as OA's family. DCDSS also offered burial assistance to the family.

SC lived and died in Chenango County; however, there was a conflict of interest and DCDSS agreed to do the investigation.

At the time of this report, DCDSS had not yet determined the allegations and the investigation remained open as DCDSS was waiting for a final determination from the medical examiner's office. The preliminary autopsy report listed the cause of death as pneumonia, however a forensic investigator found the SC had a brain injury, which would not have been caused by the pneumonia. Additionally, SC had been sick and congested and was found lying face down in a bed. It's unknown if unsafe sleep was a contributing factor in her death. The investigation remains open, pending a final determination from the ME.

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

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:

Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/23/2017

Time of Death: 06:20 PM

Date of fatal incident, if different than date of death:

09/21/2017

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

05:00 PM

County where fatality incident occurred:

Chenango

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes



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

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 30 Minutes

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	No Role	Male	39 Year(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Other Household 2	Other Adult - BF to 11yo SS	No Role	Male	32 Year(s)
Other Household 3	Other Adult - BM to 13yo SS	No Role	Female	38 Year(s)
Other Household 4	Other Adult - Babysitter's Husband	No Role	Male	45 Year(s)
Other Household 4	Other Adult - SC's babysitter	Alleged Perpetrator	Female	44 Year(s)
Other Household 4	Other Child - Babysitter's Daughter	No Role	Female	16 Year(s)
Other Household 4	Other Child - Babysitter's Son	No Role	Male	14 Year(s)

LDSS Response

On 9/23/17, DCDSS received an SCR report regarding SC's death. DCDSS had an open CPS investigation which was received on 9/21/17, when SC became unresponsive and was taken to the hospital. DCDSS initiated their investigation within 24 hours and coordinated their efforts with LE. DCDSS contacted the source of the report, reviewed CPS history in NYS, and determined there were two SS, ages 13 and 11. SC initially became unresponsive on 9/21/17 while at OA's home. OA had two minor children (ages 16 & 14), and an adult daughter who had a 3yo son; all were in the home at the time SC was found unresponsive. CW assessed the safety of the SS and other children in the home within 24 hours.

CW interviewed OA, OA's husband, OA's adult daughter, and OA's 2 minor children who all gave the same account of what happened the day SC was found unresponsive. On 9/21/17, OA said SC had been congested and not acting herself. SC did not eat very much and often fell asleep throughout the day. OA said she used a bulb to suction out her nose several times the day. OA put SC down for a nap around 3:15PM, in OA's bedroom on her queen-sized bed. OA placed SC on her stomach, with SC's left cheek on the mattress. OA put pillows around SC making a small barricade. OA said this is how she is normally put down for a nap while at OA's home. SC was wearing a sundress and a diaper and did not have a



blanket covering her body. OA checked on SC around 4PM and reported SC was fussing. SC had pulled her legs up underneath her so that her buttocks was in the air. OA patted SC and SC fell back asleep in the same position. Around 5PM, OA's husband went to the room to get SC and found her lying on her stomach facedown. He then brought SC downstairs to OA, and said she was making gurgling sounds and noticed SC's color was off. OA took SC and noticed she was not breathing. OA's husband immediately called 911 and OA handed SC to her adult daughter (an EMT) who began chest compressions. The adult daughter heard the ambulance arrive approximately 2 minutes later and ran SC outside to the ambulance. OA and her husband were the only people to check on SC during the period she was napping. OA had given SC a small dose of Hyland's baby cough syrup around 11AM that day with her feeding. OA said she was almost out of the syrup and it was not enough for a full dose. BM did not have an issue with this. OA and SM had given SC this cough syrup before without any issues. OA showed CW a picture of the cough syrup bottle but did not observe the actual bottle. It's unknown if a pediatrician recommended this or was aware it was being used. The record did not state if there was a recommended dosage for a 2-month-old child.

BF reported SC had cold-like symptoms that started on Tuesday 9/19/17. BM is a nurse and did not take SC to the dr. as she felt the dr. would say it is viral and there was nothing to be done. CW interviewed both SS who also confirmed SC had cold-like symptoms recently.

DCDSS received copies of statements made to LE by OA and OA's husband. DCDSS received medical records, a preliminary autopsy report, and spoke with collaterals such as LE, a forensic investigator, DA, ME, and relatives. OA cared for the 11yo SS from the time he was a baby until he began school. BM and BF never had any concerns for their CHN while in the care of OA. CW went over safe sleep with BM, BF, and OA. BM and BF claimed they abided by safe sleep guidelines. OA said the only way she ever got SC to sleep was by placing her on her stomach. There were no concerns of drug/alcohol use or DV in the home of OA or SC. CW offered grief counseling to BM and BF, as well as OA and her family. BM and BF declined to engage in counseling at the time. OA reported she was engaged in counseling. OA no longer cares for CHN in her home.

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)?Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
043800 - Deceased Child, Female, 2 Mons	043944 - Other Adult - SC's babysitter, Female, 44 Year(s)	Inadequate Guardianship	Pending
043800 - Deceased Child, Female, 2 Mons	043944 - Other Adult - SC's babysitter, Female, 44 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 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"/>
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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"/>



Child Fatality Report

During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

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

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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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? No

Explain:

Services were offered to SC's family as well as OA's family and were declined.

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

Explain:

Services were offered to SC's family as well as OA's family and were declined.

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)
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Child Fatality Report

09/21/2017	Deceased Child, Female, 2 Months	Mother, Female, 32 Years	Inadequate Guardianship	Pending	No
	Deceased Child, Female, 2 Months	Father, Male, 39 Years	Lack of Medical Care	Pending	
	Deceased Child, Female, 2 Months	Day Care Provider, Female, 44 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 2 Months	Mother, Female, 32 Years	Lack of Medical Care	Pending	
	Deceased Child, Female, 2 Months	Father, Male, 39 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 2 Months	Day Care Provider, Female, 44 Years	Lack of Medical Care	Pending	

Report Summary:

SM, SF, and OA were aware SC had an upper respiratory infection for at least 2 days and failed to seek timely medical treatment for her. As a result, SC went into cardiac arrest on 9/21/17 and stopped breathing. Emergency medical treatment was required to resuscitate SC and she was in critical condition.

Determination: Undetermined

OCFS Review Results:

CWs coordinated with LE to visit the hospital. CW and LE met with a hospital social worker and doctor. Dr. said SC tested positive for a virus that is the predominant cause of a common cold. CW interviewed the parents and OA and went over safe sleep with all of them. CW and LE interviewed OA and her husband who were present on 9/21/17. CW obtained pertinent information from medical collaterals and interviewed SS. CW was prompt in assessing the safety of SS and OA's teenage children who lived in the home.

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

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

There is no CPS investigative history more than three years prior to 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No