



Report Identification Number: AL-20-030

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

Issue Date: Mar 04, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Albany
Gender: Female

Date of Death: 09/17/2020
Initial Date OCFS Notified: 09/17/2020

Presenting Information

Three SCR reports were received on 9/17/20 which alleged that on 9/16/20, the mother was co-sleeping with the 5-month-old female infant. On 9/17/20, at approximately 10:00 AM, the mother awakened to find the infant not breathing. The mother called 911 and the infant was taken to the hospital. Efforts to resuscitate the infant were unsuccessful and the infant passed away at 11:56 AM. The cause of death was unknown. The infant was otherwise healthy with no known medical issues that may have contributed to her death. The sibling's role was unknown.

Executive Summary

On 9/17/20, the Albany County Department for Children, Youth and Families (ACDCYF) received three SCR reports regarding the death of the 5-month-old infant that occurred on that date. At the time of the infant's death she resided with her mother and 6-year-old sibling. The father did not reside in the home and he did not have contact with the infant for three months. The sibling's father was incarcerated for unrelated charges and he had no contact with the sibling.

ACDCYF conducted a joint investigation with law enforcement and they learned that on the morning of 9/17/20, the infant was fussy when she woke up around 7:00 AM. The mother fed the infant two ounces of formula with rice cereal and the infant was still fussy. Between 8:30 and 9:00 AM the mother placed the infant on the adult bed on her back and she surrounded the infant with pillows. The mother covered the infant with an adult comforter, and she laid down next to the infant and they took a nap. The sibling was in her bedroom attending school virtually while the mother and infant napped. The mother woke up around 10:00 AM and she observed the infant to be lying on her stomach with her head positioned to the side and she was not breathing. The infant had a white, milky substance coming out of her mouth and she was pale. The mother called 911 and she brought the infant outside to first responders. First responders performed CPR and life-saving measures on the way to the hospital in the ambulance. The sibling went to a neighbor's home and the mother went to the hospital with the infant. Resuscitation efforts at the hospital were unsuccessful and the infant was pronounced deceased at 11:56 AM.

ACDCYF assessed the sibling to be safe in the mother's care. The home was observed to contain no safety hazards and collateral contacts yielded no concerns for the sibling's care. The father of the infant and the father of the sibling expressed no concerns for their children.

An autopsy was performed, and the medical examiner reported that the infant's cause of death was "sudden infant death while sharing sleep surface with an adult." The autopsy report stated that the infant was found to have "normal growth and development, no evidence of trauma, pulmonary edema, congestion and thymic petechiae, no congenital abnormalities and toxicology of blood was negative." There were no criminal charges filed and the law enforcement investigation closed.

ACDCYF substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother regarding the infant. ACDCYF found some credible evidence the mother's actions contributed to the child's death. The mother was previously educated on safe sleep guidelines and did not use the available bassinet in her home. The mother reported that the infant regularly slept in her bed or in an infant bouncy seat. The medical examiner reported that "a diagnosis of SIDS while sharing sleep surface with adult was made based on evidence of significant sleep sharing." The medical examiner further stated that the infant was found to be previously healthy and there was "petechia of the thymus which is common in SIDS and suffocation." The record did not show the medical examiner made any further comments regarding



suffocation. The parents were provided with information on funeral assistance and grief services for themselves and the sibling and they declined these services. The case was indicated and closed on 11/9/20.

PIP Requirement

For issues identified in historical cases, ACDCYF will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ACDCYF has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACDCYF 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? Yes
- 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

There was credible evidence gathered to support substantiating the allegations against the mother.

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework activity was consistent with best casework practice.

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: 09/17/2020

Time of Death: 11:56 AM

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

Unknown

County where fatality incident occurred:

Albany

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?

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

How long before incident was the child last seen by caretaker? 1 Hours

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	5 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Other Household 1	Father	No Role	Male	33 Year(s)
Other Household 2	Other Adult - Sibling's Father's Household	No Role	Male	32 Year(s)

LDSS Response

ACDCYF initiated their investigation within 24 hours of receipt of the SCR reports on 9/17/20. They contacted the sources of the reports, searched SCR history, and notified the DA's office of the infant's death. They spoke to hospital staff, law enforcement, EMS, the coroner's office, the medical examiner and the fire department. The home was assessed, and the mother and sibling were interviewed.



The mother reported that the infant was healthy and had no illnesses or injuries since birth. She was developmentally on target and was rolling over on her own. The mother confirmed she was aware of safe sleep guidelines; however, the infant slept in bed with her or in the infant's bouncy seat nightly as the bassinet was packed for an anticipated move.

The mother stated that on 9/16/20, the infant went to sleep in her bed between 9:00 and 9:30 PM and slept all night. The infant woke up at 7:00 AM and she appeared fine. She was a little fussy and the mother made a bottle of formula with rice cereal mixed in and the infant drank about 2 ounces. The infant was still fussy, so the mother laid her down horizontally at the head of the bed for a nap between 8:30 and 9:00 AM. She placed the infant on her back and gave her a pacifier. She placed pillows around the infant to prevent her from falling off the bed and covered the infant up to her neck with an adult sized comforter. The mother laid down parallel to the infant at the foot of the bed and she fell sleep while the infant was crying. The mother woke up at 10:00 AM and observed the infant on her stomach. When she picked up the infant, a white, milky substance poured out of her mouth. She called to the sibling and told her the infant was not breathing. The mother called 911 and brought the infant outside to wait for first responders. The sibling went to a neighbor's home while the mother was at the hospital.

The sibling was assessed to be safe and she did not report any concerns in the home. She said both children slept in the mother's bed nightly. She said the police came to see the infant since she was "dead in her sleep" because the pillows were over her head.

The mother's bed was observed to have a fitted sheet, a comforter, two pillows at the head of the bed and two pillows at the foot of the bed. There were layers of plastic bags and paper bags under the fitted sheet, which were exposed where the infant was sleeping. The mother said she was using the bags to protect the mattress.

The father of the infant confirmed he had not seen the infant in three months and he was unaware of the infant's death. He became upset when ACDCYF notified him of the death and he refused to complete an interview at that time. He later contacted ACDCYF over the phone and reported he had no concerns for the mother's care of the infant and the infant's death must have been an accident. The sibling's father was interviewed over the phone at jail. He had no concerns for the sibling, and he was unaware of the incident.

First responders reported the mother was holding the infant outside when they arrived. The infant was pulseless and apneic and large amounts of liquid drained from her mouth when she was held face down. The infant's airway was suctioned, and epinephrine was administered. First responders and hospital staff denied that the infant had any marks or bruises. Pediatric records showed the infant and sibling were healthy, and they were up to date with well-child visits and immunizations. There were no concerns for either child.

Notice of Existence letters were mailed to the parents within the required timeframe and Safety Assessments, 24-hour and 30-day fatality reports and the RAP were completed timely and accurately. ACDCYF provided the family with information on services related to the fatality and no additional service needs were identified.

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 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
056393 - Deceased Child, Female, 5 Mons	056394 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
056393 - Deceased Child, Female, 5 Mons	056394 - Mother, Female, 33 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The sibling's father was incarcerated and was interviewed by phone.

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"/>



Child Fatality Report

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

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? N/A

Explain:
The mother was provided with information on grief services for the sibling and the mother declined the need for services.

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

Explain:
The mother and father were provided with information for grief services and funeral assistance and they declined needing services.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

**During pregnancy, mother:**

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/21/2018	Sibling, Female, 4 Years	Other Adult - Child Care Worker 1, Female, 46 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 4 Years	Other Adult - Child Care Worker 1, Female, 46 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 4 Years	Other Adult - Child Care Worker 2, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Other Adult - Child Care Worker 2, Female, 25 Years	Lack of Supervision	Substantiated	

Report Summary:

An SCR report alleged that on 12/21/18 at approximately 1:30 PM, the child care workers left the sibling unattended in the classroom for 6 minutes while they brought the other children to the bus. The sibling was a special education student with developmental delays and required a higher level of supervision. The child did not sustain any physical injuries while she was left unsupervised. The role of the mother was unknown.

Report Determination: Indicated**Date of Determination:** 01/09/2019**Basis for Determination:**

The allegations of Inadequate Guardianship and Lack of Supervision were substantiated against one of the child care workers and unsubstantiated against the other worker. The sibling was left alone in a classroom for a period of time while other students were escorted to the bus stop. Corrective action was implemented and the case was closed.

OCFS Review Results:

ACDCYF interviewed the mother, several child care workers and the day care director. Attempts were made to interview the sibling, although the sibling was shy and would not answer questions. The sibling was assessed to be safe in the mother's care and the day care initiated a corrective action plan to prevent another incident from occurring. The record did not reflect that the sibling's father was provided with notice of the SCR report or interviewed regarding the allegations.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

The record did not reflect that the father of the sibling was notified of the SCR report or interviewed regarding the allegations of the report.

Legal Reference:



18 NYCRR 432.1 (o)

Action:

The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. ACDCYF will continue to work on this issue and revise their current PIP if deemed necessary.

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

An SCR report dated 7/23/15 was unsubstantiated for the allegations of Inadequate Guardianship and Lack of Supervision against a day care provider regarding the sibling.

Known CPS History Outside of NYS

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

Legal History Within Three Years Prior to the Fatality

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

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