



Report Identification Number: NY-21-080

Prepared by: New York City Regional Office

Issue Date: Jan 16, 2022

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: 3 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 07/29/2021
Initial Date OCFS Notified: 07/30/2021

Presenting Information

The 7/30/21 SCR report alleged on 7/20/21, the SM put the SC to sleep on an adult bed with pillows on it. The SM laid the SC on her side, in an unsafe sleeping arrangement. The SM asked a relative to check the SC while she went downstairs to get a package. The relative checked the SC a couple of times and the SC was fine. When the SM returned and checked the SC, she found the SC face down on a pillow. When the SM picked the SC up, the SC was bluish purple in color and was lifeless. An ambulance was called and the SC was transported to the hospital. The SC was admitted to the hospital on 7/20/21. The SC was pronounced dead on 7/29/21. The BF had an unknown role.

Executive Summary

The 3-month-old female subject child (SC) died on 7/29/21. The autopsy report listed the cause of death as positional asphyxia, and the manner of death as accident (face down in pillow alone on an adult bed).

The SM had no surviving children. The BF, who was not listed as a subject of the report, disclosed having a 6-yo female child from a previous relationship; he declined to provide ACS with the child's name or contact information.

At the time of the SC's death, the family had an open ACS investigation that was registered on 7/21/21. ACS was in the process of investigating the report when the SCR registered a report that included allegations of DOA/Fatality and IG of the SC by the SM.

ACS learned that at about 7:25 PM on 7/20/21, the SM placed the SC down in the full-size bed on a queen-size pillow and surrounded the SC with other smaller pillows to prevent the SC from rolling over and falling from the bed. The SC was able to roll herself without assistance. The SM checked the SC at about 8:35 PM and saw the SC face down next to one of the surrounding pillows. The SM turned the SC over and found her to be unresponsive. The SM immediately called to the MA who was in the home at the time. A neighbor arrived and provided CPR. The SC was purple in color. LE was contacted and the SC was later transported to the hospital for immediate medical care. The SC was transported by EMS to the hospital where she was resuscitated and placed on a ventilator. The SC was admitted to the hospital on 7/20/21 and died in the hospital on 7/29/21. The SC was removed from the ventilator and pronounced dead at 5:15 PM.

During the investigation, ACS contacted law enforcement and learned no charges would be filed regarding the death of the SC. Law enforcement determined no criminality was involved in the SC's death. They concluded the SC's death was the result of an accident as the child rolled over in her sleep.

ACS contacted the hospital and was informed when the SC was admitted, the prognosis for the SC was poor as there was no brain activity, the SC's pupils were dilated, and her organs had been affected due to a lack of oxygen. Hospital staff reported the parents would be referred for grief counseling.

ACS visited the case address with the ME for a reenactment of the incident. The parents, MA, ACS, LE, and ME's office were present. Based on the reenactment, the SM reported putting the SC on her side on top of a pillow and later found the SC face down (face buried in the pillow). ACS completed visits to the case address and interviewed the parents, and other adults in the home. The information obtained from the adults remained consistent throughout the investigation. The SM confirmed she received and would be enrolling in bereavement counseling provided by the hospital.



On 10/22/21, the ME said there was no evidence of trauma or abuse.

On 10/26/21, ACS substantiated the allegations of DOA/Fatality and IG of the SC by the SM. ACS documented there was credible evidence gathered throughout the course of the investigation. The SM who stated she was aware of safe sleep and had been trained about the dangers, admitted to co-sleeping for about two weeks while at the case address. On 7/20/21, the date of the incident, she placed the SC on top of a soft pillow, and later finding the SC face down in the pillow and unresponsive on the adult bed.

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:

Sufficient information was gathered to make decisions regarding the allegations of the report.

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:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, was commensurate with the 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: 07/29/2021

Time of Death: 05:15 PM

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

07/20/2021

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

08:35 PM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

08:41 PM

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **working in the home.**

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	Aunt/Uncle	No Role	Female	24 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)

LDSS Response

Prior to the SC's death, the family had an open investigation regarding the incident. Upon learning of the SC's death the ACS staff contacted the hospital SW who confirmed the SC was pronounced dead on 7/29/21 at 5:15PM. The SC was found by the SM face down in a pillow.

On 7/30/21, ACS conducted a visit to the home to interview the family. The SM informed ACS that an hour after placing



the SC down for a nap, she found the SC face down in a furry pillow on her bed. The SM confirmed she had placed the SC, slightly on her side, on top of a pillow and she had surrounded the pillow where the SC slept with additional pillows. There was no crib or Pack 'n Play in the home at the time; the items were at the BF's home. The 1-yo cousin was outside the country visiting paternal family. The MA was not present.

On 8/2/21, ACS returned the case address and interviewed the SM. According to ACS, the SM did not provide new information regarding the incident that occurred on 7/20/21. The SM said she laid the SC on her side and placed pillows around her so she would not fall. Afterwards, her and the MA were in the living room and the SM waited to hear from a delivery service. At about 7:50PM the MA did a quick check of the SC by "popping" her head in the room. At about 8:35PM, the SM found the SC face down in the pillow on the bed. The SC was blue, pale, and numb. The SM picked up the SC and rushed to the MA. The SM handed the SC to the MA and ran outside the apartment knocking on the neighbor's door in an attempt to find someone who could perform CPR. The SM admitted to co-sleeping with the SC as the crib remained at the BF's home. During the visit, ACS offered burial assistance.

On 8/2/21, ACS interviewed the MA. ACS inquired about the whereabouts of the 1-yo cousin. A video conference occurred with the 1-yo and her PGM. The MA said the 1-yo was out of the country and was due to return 8/16/21. Regarding the incident, the MA said she arrived home from work at about 4:30PM. She was caring for and spending time with both children in her room. Shortly after she told the SM the SC was "fussy and tired" and seemed sleepy. After the SC went to sleep, she was in the living with the SM, while she waited for a delivery. The SM asked her to check the SC, and she did by "popping" her head into the room and looking to see whether she was moving. A few minutes after she checked, the SM checked the SC and found her unresponsive. ACS discussed safe sleep with the MA.

On 8/26/21, ACS visited the case address. The 1-yo child was observed and did not have any marks or bruises. The SM declined burial assistance. The SM stated she had began counseling services the week prior to ACS' visit.

On 10/25/21, a video conference occurred with the MA. The MA informed ACS she and the 1-yo cousin were well.

On 10/26/21, ACS substantiated the allegations of the report on the basis of some credible evidence.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 referred to an OCFS approved Child Fatality Review Team? No

Comments: There is no OCFS approved Child Fatality Review Team in NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059126 - Deceased Child, Female, 3 Mons	059128 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated



Child Fatality Report

059126 - Deceased Child, Female, 3 Mons	059128 - Mother, Female, 27 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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"/>
Explain: During a home visit, ACS offered burial assistance to the family.				

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"/>
Explain as necessary: The 8/6/21 seven-day safety assessment reflected no safety factors were identified.				

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
The SM agreed to receiving bereavement services.

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:
The SM did not have any other children, and the 1-yo cousin was out of the country following the death of the SC.

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

Explain:
The SM agreed to receiving bereavement services.

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



Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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)
07/21/2021	Deceased Child, Female, 3 Months	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 3 Months	Mother, Female, 27 Years	Internal Injuries	Unsubstantiated	

Report Summary:

The 7/21/21 SCR report alleged on the evening of 7/20/21, the SM put the SC in an adult bed, surrounded by pillows, to sleep. The SC was found face down, blue, and unresponsive. As a result, the SC had sustained brain and organ injury due to a lack of oxygen. The roles of the aunt and her daughter were unknown. The role of the BF was also unknown.

Report Determination: Indicated

Date of Determination: 10/26/2021

Basis for Determination:

The allegation of IG was substantiated on the basis of some credible evidence gathered throughout the course of the investigation. ACS documented the mother placed the child on the pillow. The child was found face down and unresponsive.

ACS Unsub the allegation of II as there were no internal injuries found at autopsy.

OCFS Review Results:

ACS initiated the investigation of the report in a timely manner and made the appropriate collateral contacts. The safety decision accurately reflected the case circumstances. ACS made the required contacts with the family and obtained their accounts of the incident. There was evidence of supervisory involvement during the investigation.

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

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

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

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

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