



Report Identification Number: NY-19-128

Prepared by: New York City Regional Office

Issue Date: May 26, 2020

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.



# Child Fatality Report

## Abbreviations

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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	



# Child Fatality Report

## Case Information

**Report Type:** Child Deceased

**Jurisdiction:** Office Of  
Special Investigations

**Date of Death:** 12/17/2019

**Age:** 6 month(s)

**Gender:** Female

**Initial Date OCFS Notified:** 12/19/2019

## Presenting Information

On 12/10/19, at 10:00 AM, the Daycare Provider's Assistant (A1) placed the six-month-old child (SC) down for a nap. The A1 placed the SC on her back in a playpen on a makeshift mattress. The mattress was made of two pieces of foam taped together and wrapped in a bulky plastic, covered with a crib sheet. At 11:00 AM, A1 checked on the SC and found her faced down and unresponsive. 911 was called and the SC was transported to the hospital; she was pronounced dead on 12/17/19. The daycare provider (DCP) and another assistant (A2) were present at the time of the incident; they were responsible for the SC and were also named subjects of the report.

The allegations of this report were DOA/Fatality, IG and LS of the SC by the DCP, A1 and A2.

## Executive Summary

This six-month-old female SC went into cardiac arrest on 12/10/19, while in the care of three staff at the family daycare center that provided child caring services for the SC. The SC experienced brain damage as a result and was placed on life support for one week before being taken off and she expired. The SC was pronounced dead on 12/17/19. The Dr. and the ME reported they found no signs of maltreatment or abuse. LE from the CAC and the ADA reported their investigation found no criminality.

On 12/11/19 and 12/20/19, the SC's parents reported the SC was their only child; she had no known pre-existing medical conditions and showed no symptoms of illness prior to the incident. They took the SC to the daycare on 12/10/19 as they had done for the last four months and she was energetic and playful. At approximately 11:00 AM, the BM received a call from the DCP informing her of the incident; the BM then notified the BF and they met at Maimonides Hospital (MH). ACS learned the SC was taken to the ER and was treated for an ear infection one week before her demise. The parents reported the SC had responded to the treatment well. The parents stated they had no issues; they trusted the DCP and the parents declined services.

On 12/11/19, the Department of Health and Mental Hygiene (DOHMH) conducted an investigation into the incident. The DOHMH reported that on 12/7/12, the daycare was issued a license for twelve children and four registered staff. It was recertified annually and yielded no violations; the last recertification occurred on 3/20/19, it was approved with an expiration of 12/6/22. On 12/11/19, the DOHMH issued seven violations and suspended the license. At the time of the visit, eight children were present with three daycare staff. There were no other reported incidents involving children, at the center. The daycare was a one bedroom apartment that the owner, her spouse and three children resided and was converted to a daycare during business hours.

Effective 12/13/19, the license was revoked due to the lack of supervision of the SC because there was no caregiver or functioning monitor in the room with the SC. None of the daycare staff had an indicated report with the SCR.

On 2/7/20, ACS unsubstantiated the DOA/Fatality of the SC by the DCP, A1 and A2. The ME reported that the cause and manner of death had not yet been determined. The preliminary results reported the SC was found with no internal or external injuries.

On 2/7/20, ACS substantiated the LS and IG of the SC by the DCP, A1 and A2. ACS learned that the A1 placed the SC



# Child Fatality Report

into the playpen to sleep and left her unattended in a room where there was no functioning monitor. The SC was found unresponsive 30 minutes later. ACS determined that adequate supervision was not provided. ACS cited the DOHMH findings as the basis for their determination. The DOHMH revoked the DCP's license due to a lack of supervision because there was no caregiver or functioning monitor in the room where the incident occurred.

## 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

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 DCP's license has been revoked and the center closed.

## 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: 12/17/2019

Time of Death: Unknown

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

12/10/2019

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

11:00 AM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

11:15 AM



# Child Fatality Report

**Did EMS respond to the scene?**

Yes

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**How long before incident was the child last seen by caretaker?** 10 Minutes

**If the child was in day care at the time of the fatality, was the day care program duly licensed or registered?** Yes

**Licensing/Registering Agency:** NYC DOHMH

**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	6 Month(s)
Deceased Child's Household	Father	No Role	Male	41 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	40 Year(s)
Other Household 1	Other - Assistant 1	Alleged Perpetrator	Female	67 Year(s)
Other Household 1	Other - Assistant 2	Alleged Perpetrator	Female	40 Year(s)

## LDSS Response

On 12/19/19, the SCR registered a report with the allegations DOA/Fatality, LS, and IG of the SC by the daycare providers. The SCR reported alleged that on 12/10/19, while in the care of the three day care providers, the SC went into cardiac arrest and was found unresponsive. The DCP, along with her two assistants, A1 and A2, provided no plausible explanation as to how this happened. The SC was admitted to MH where she remained on life support until her death on 12/17/19.

ACS' Office of Special Investigations visited MH and observed the SC in the Pediatric Intensive Care Unit. The Specialist interviewed EMS responders, medical staff, ME, LE, the parents and daycare providers. The DOHMH immediately revoked the DCP's license because adequate supervision was not provided and there was no caregiver or functioning monitor in the room with the SC while she slept.

The Specialist learned that the Maimonides Ambulance Service responded to the 911 call at 11:15 AM, they arrived at the daycare and observed the DCP performing CPR to the SC on the floor. They transported the SC to hospital where she was admitted to the PICU. The Dr. reported the SC was placed on a ventilator in critical medical condition. The SC was found with no internal or external injuries. The Dr. had concerns with the mattress used by the DCP, but no specific information about the concerns were provided.



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LE interviewed each daycare staff individually, at the CAC, in the presence of the Specialist and there were no discrepancies. The staff reported the parents arrived with the SC at the daycare at 8:30 AM on 2/10/19. The SC was asleep upon arrival and was sweating; the DCP removed the SC's dress and she awoke. A1 warmed a bottle of breast milk but the SC refused it, which was unusual because she has a good appetite. A1 sat with the SC in her lap until she placed her in the playpen sometime between 10:00 and 10:15 AM. The playpen was in a napping room in the rear of the apartment. The room contained beds, changing stations, equipment and toys for the children. A1 placed the SC on her back, in the playpen to nap. At 10:30, the SC still had not fallen asleep, which seemed unusual; however, she was fine with no signs of illness, she was happy as usual. Shortly after, A1 checked the SC and observed her sleeping face down; she turned her over and the SC remained asleep. All staff stated that they usually check on the children every five to ten minutes as they sleep. It was approximately 11:00 AM when A1 checked and found the SC prone, she turned her over and she was pale and unresponsive. A1 alerted the DCP, who initiated CPR and the SC expelled mucus from her nostrils. Meanwhile A2 called EMS. The staff reported that babies are always placed on their backs to sleep with no pillows or blankets.

LE reported the mattress did not appear to belong to the playpen. The ADA and LE reported they found no criminality and they filed no charges. The preliminary report from the office of the ME stated they found no injury to the SC.

During the investigation, the Specialist made contact with the parents whose children attended the daycare and they reported they had no issues with the daycare staff.

During the DOHMH inspection of the daycare on 12/13/19, eight children were assessed as safe. staff were providing care. DOHMH shared documentation such as an incident report, caregiver's daily attendance, children's medical and enrollment records, pictures of the children's play and sleeping areas were obtained including, pictures of the playpen.

On 2/13/20, ACS unsubstantiated the DOA/Fatality of the SC by the daycare staff. The ME reported no injuries were found on the SC and the autopsy is pending. ACS substantiated the allegations LS and IG of the SC by the DCP, A1 and A2 because the staff were responsible to supervise the SC. The SC was placed the SC into a playpen, in the back room, without supervision or functioning monitor.

## 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)?**No

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

**Comments:** New York City does not have an approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053870 - Deceased Child, Female, 6 Mons	053997 - Day Care Provider, Female, 40 Year(s)	DOA / Fatality	Unsubstantiated
053870 - Deceased Child, Female, 6 Mons	053997 - Day Care Provider, Female, 40 Year(s)	Inadequate Guardianship	Substantiated



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053870 - Deceased Child, Female, 6 Mons	053998 - Other - Assistant 1, Female, 67 Year(s)	Lack of Supervision	Substantiated
053870 - Deceased Child, Female, 6 Mons	053999 - Other - Assistant 2, Female, 40 Year(s)	DOA / Fatality	Unsubstantiated
053870 - Deceased Child, Female, 6 Mons	053999 - Other - Assistant 2, Female, 40 Year(s)	Inadequate Guardianship	Substantiated
053870 - Deceased Child, Female, 6 Mons	053999 - Other - Assistant 2, Female, 40 Year(s)	Lack of Supervision	Substantiated
053870 - Deceased Child, Female, 6 Mons	053997 - Day Care Provider, Female, 40 Year(s)	Lack of Supervision	Substantiated
053870 - Deceased Child, Female, 6 Mons	053998 - Other - Assistant 1, Female, 67 Year(s)	DOA / Fatality	Unsubstantiated
053870 - Deceased Child, Female, 6 Mons	053998 - Other - Assistant 1, Female, 67 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 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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

## 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? N/A

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

### Infants Under One Year Old



# Child Fatality Report

**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)
12/10/2019	Deceased Child, Female, 6 Months	Other - Assistant 2, Female, 40 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 6 Months	Other - Assistant 2, Female, 40 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 6 Months	Other - Assistant 1, Female, 67 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 6 Months	Other - Assistant 1, Female, 67 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 6 Months	Day Care Provider, Female, 40 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 6 Months	Day Care Provider, Female, 40 Years	Lack of Supervision	Substantiated	

**Report Summary:**

The SCR reported alleged that on 12/10/19, while in the care of the three day care providers, the SC went into cardiac arrest and was found unresponsive. The DCP along with her two assistants, A1 and A2, provided no plausible explanation as to how this happened. The SC was admitted to MH where she was placed on life support until her death on 12/17/19.

**Report Determination:** Indicated**Date of Determination:** 12/12/2020**Basis for Determination:**

ACS substantiated the LS and IG of the SC by the DCP and A2 based on the OCFS guidelines. The daycare staff were responsible for supervision of the SC. The SC was placed into a playpen, in the back room where there was no caregiver or functioning monitor.

**OCFS Review Results:**

The investigation was thorough and adequate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/18/2018	Other - non-confirmed abused child, Male, 3 Years	Day Care Provider, Female, 66 Years	Inadequate Guardianship	Unsubstantiated	No



# Child Fatality Report

Other - non-confirmed abused child, Male, 3 Years	Day Care Provider, Female, 66 Years	Lacerations / Bruises / Welts	Unsubstantiated
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**Report Summary:**

On 04/18/18, the SCR registered a report that alleged the daycare assistant (A1) became angry with the three-year-old child who was in her care at the daycare on 04/13 and 04/24/18, and struck the child leaving a scratch on his forehead, two scratches on his face, in addition to a scratch on the back of his neck. The allegations of the report was IG and LBW of the three-year-old child by A1.

**Report Determination:** Unfounded**Date of Determination:** 06/26/2018**Basis for Determination:**

On 06/26/18, ACS unfounded the allegations citing no credible evidence was found. ACS documented the child made no disclosure regarding A1; however, he admitted that he fell while playing at the daycare. A1 reported the child had fallen while playing and the scratches occurred when the three-year-old snatched a toy from another child and that child scratched him. The DCP reported a similar account for the scratches. The BM did not return the child to the daycare for services and the case was unfounded and closed without a corrective action plan.

**OCFS Review Results:**

OCFS found the determination to unsubstantiate the allegations of the report appropriate given the information obtained 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 history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There is no known CPS History outside of NYS.

**Provider Oversight/Training**

	Yes	No	N/A	Unable to Determine
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 12/11/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 12/11/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Legal History Within Three Years Prior to the Fatality**



# Child Fatality Report

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