



Report Identification Number: SV-21-015

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

Issue Date: Oct 18, 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: 3 month(s)

Jurisdiction: Rockland
Gender: Female

Date of Death: 04/29/2021
Initial Date OCFS Notified: 04/29/2021

Presenting Information

An SCR report alleged the mother dropped the 3-month-old female subject child at the babysitter's house at 8:30 AM on 4/29/21. The babysitter fed the child at 10:30 AM, and then put the child to sleep at 11:40 AM. The child was placed to sleep in a carriage, on her stomach, with her face turned to the side. The child was covered with a blanket and had another blanket folded up as a pillow. The child was put to sleep with a pacifier. At 1:40 PM, the babysitter checked on the child for her next feeding and the child was purple and unresponsive. The babysitter screamed for her husband to call 911. The child was transported to the hospital via ambulance and was pronounced deceased. The child was otherwise healthy aside from a minor cough and there was no explanation for her death. The role of the mother was unknown.

Executive Summary

This fatality report concerns the death of the 3-month-old female subject child that occurred on 4/29/21. A report was made to the SCR on the same day with concerns the babysitter found the child unresponsive in her stroller. At the time of her death, the child resided with her parents and 2-year-old sibling. At the time of her death, the child was in the care of the babysitter, who resided with her husband and their 1-year-old child. The children were assessed to be safe in the care of their parents throughout the investigation.

Rockland County Department of Social Services (RCDSS) coordinated investigative efforts with law enforcement upon receipt of the report. The family had no CPS history or criminal history. The criminal investigation was closed without any charges filed. An external autopsy was performed. The cause of death was "undetermined pursuant to Chapter 841 of the New York State Laws 1983-1984." The manner of death was undetermined.

The babysitter reported the mother dropped the child off at the babysitter's home around 8:30 AM on 4/29/21. This was the second time the babysitter cared for the child. The babysitter placed the child face-down in her stroller with blankets under and on top of the child. The babysitter checked on the child approximately 4 hours later and the child was unresponsive and had a blue face. The babysitter called for her husband who performed chest compressions until EMS arrived and transported the child to the hospital where she was pronounced deceased.

The mother corroborated the babysitter's recollection that the mother dropped the child off at the babysitter's home around 8:30 AM. The mother did not provide the babysitter with instruction on how to place the child to sleep. The father did not have additional information.

RCDSS gathered additional collateral information from EMS, the pediatrician, and the hospital. Their interviews did not reveal safety concerns for the surviving children.

Home visits were made, and the children were assessed thoroughly and on an ongoing basis throughout the investigation. Interviews with the adults gathered relevant information and they were offered bereavement services and family services in response to the death. The adults engaged in bereavement services and declined further involvement with RCDSS.

RCDSS completed Safety Assessments timely and accurately and provided written notice of the SCR to the adults; however, the parents were not provided with written Notice of Indication.



RCDSS substantiated the allegation of IG and unsubstantiated the allegation of DOA/Fatality against the babysitter. RCDSS substantiated IG as the babysitter placed the child in an unsafe sleep environment, face-down with blankets. RCDSS unsubstantiated the allegation of DOA/Fatality, despite discussions with OCFS where OCFS advised RCDSS that the investigation revealed some credible evidence that the babysitter's actions contributed to the death. RCDSS documented they based their determination on the ME's inability to state the cause of death was due to the actions of the babysitter, and without a complete autopsy, the ME was unable to state the cause or manner of death; however, the record reflected the ME determined the cause and manner of death to be undetermined. There was credible evidence to support the allegation of DOA/Fatality as the ME reported the child's nose had bands of lividity extended across the nose which was consistent with the child being placed face-down with the child's nose pushed upward. Additionally, information was gathered from the pediatrician stating the pediatrician would like to educate the community on safe sleep practices; however, can not use the child as an example as the babysitter would be looked at as the person responsible for causing the child's death. RCDSS closed their investigation on 7/30/21.

PIP Requirement

RCDSS will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the RCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, RCDSS 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?** No

Explain:

The casework activity was not commensurate with case circumstances as written Notice of Indication was not provided to the parents. Additionally, not all allegations were determined appropriately.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No



Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

Explain:

The decision to close the case was appropriate.

Required Actions Related to the Fatality

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

Issue:	Failure to Provide Notice of Indication
Summary:	Although the babysitter and her husband were provided with written Notice of Indication, the parents were not provided with written notice.
Legal Reference:	18 NYCRR 432.2(f)(3)(xi)
Action:	Within seven days of the determination, in such form as required by OCFS, RCDSS must mail or hand deliver to the subject(s) and other persons named in the report, except children under the age of 18 years, a written notification informing the adults the investigation was indicated.
Issue:	Appropriateness of allegation determination
Summary:	Information gathered from the adults, the medical examiner and the pediatrician provided credible evidence that the child died as a result of unsafe sleep practices; therefore, the allegation of DOA/Fatality should have been substantiated.
Legal Reference:	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)
Action:	RCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Westchester Regional Office if further guidance is needed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/29/2021

Time of Death: 02:20 PM

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

Unknown

County where fatality incident occurred:

Rockland

Was 911 or local emergency number called?

Yes

Time of Call:

01:50 PM

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? 2 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other: **In another room**

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	3 Month(s)
Deceased Child's Household	Father	No Role	Male	23 Year(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Other - Babysitter	Alleged Perpetrator	Female	24 Year(s)
Other Household 1	Other Adult - Babysitter's Husband	Alleged Perpetrator	Male	26 Year(s)
Other Household 1	Other Child - Babysitter's Child	No Role	Female	1 Year(s)

LDSS Response

On 4/29/21, RCDSS received the fatality report from the SCR. Within the first 24 hours of the investigation, RCDSS coordinated investigative efforts with law enforcement, contacted the source of the report and notified the district attorney and medical examiner's offices of the death.

Law enforcement said the child was placed face-down with a blanket over her. The child was found lifeless, and EMS was called. The criminal investigation was closed without charges filed.

On 4/29/21, RCDSS conducted a home visit alongside law enforcement to the babysitter's home. The babysitter said on 4/29/21, the babysitter watched the child for the second time. The mother dropped the child off at the home around 8:30 AM and the babysitter put the child in an infant seat and fed and burped her around 10:30 AM. The babysitter then placed the child face-down in a stroller with her head to the side. The stroller was in a flat position. The stroller had a fluffy blanket in it that was placed over the child's back and another blanket was being used as a pillow. RCDSS observed the stroller with a folded blanket, a heavy blanket, and a bottle. During the investigation, RCDSS reviewed safe sleep recommendations and that blankets and pillows could cause harm to infants. The babysitter said she did not have knowledge on safe sleep recommendations; however, later said she may have been given the information when she had her child. The babysitter reported the mother told her to place the child on her stomach; however, at a later home visit she stated she thought the mother told her to lay the child on her stomach, but could not recall for certain. Around 1:45 PM, the babysitter went to wake the child and found her unresponsive and blue in color. She picked the child up and yelled for her husband to call EMS. The babysitter's husband was not home when the child was dropped off at the house. He stated he came home from work around 1:00 PM and was getting ready to go back to work when the babysitter began screaming for him to call EMS. He performed chest compressions until EMS responded and took over.

EMS observed the babysitter's husband performing CPR on the child when they arrived at the home. EMS transported the



child to the hospital where she was pronounced deceased.

The parents were interviewed and the mother said the child and sibling were typically cared for by the maternal grandmother, but she had an appointment that day. The child went to the babysitter's home, and the sibling went with a neighbor. The mother reported the child was fine the day prior to and morning of the death. The mother dropped the child off at the babysitter's home and at 2:00 PM, she received a call saying she needed to go to the hospital and was soon told the child had passed away. The mother denied giving the babysitter instruction on how to place the child to sleep. The father did not have additional information.

The medical examiner reported the child's lividity and a crease on the child's nose was consistent with being placed face-down and having her nose pushed up. The medical examiner reported the family's religious beliefs inhibited a complete autopsy. The cause of death was a "statement thereof without an autopsy due to religious belief." The pediatrician reported going over safe sleep practices with new parents.

Although RCDSS conducted a thorough investigation into the death, the investigation revealed credible evidence to substantiate the allegations of both Inadequate Guardianship and DOA/Fatality against the babysitter. RCDSS unsubstantiated the allegations against the babysitter's husband as he was not home at the time the babysitter placed the child down to sleep.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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? No

Comments: Rockland County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057186 - Deceased Child, Female, 3 Mons	057190 - Other - Babysitter, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
057186 - Deceased Child, Female, 3 Mons	057190 - Other - Babysitter, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
057186 - Deceased Child, Female, 3 Mons	057191 - Other Adult - Babysitter's Husband, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
057186 - Deceased Child, Female, 3 Mons	057191 - Other Adult - Babysitter's Husband, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated

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 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"/>



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"/>

Explain as necessary:

The children did not need to be removed as a result of the fatality investigation.

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

Additional information, if necessary:

The record did not reflect funeral assistance was offered; however, it was documented the funeral was held on the same day as RCDSS' involvement began.

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 surviving children were nonverbal and were not offered services due to their ages.

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

Explain:

The babysitter, her husband and the parents were offered bereavement 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



There is no CPS investigative history in NYS within three years prior to the fatality.

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 is 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

Additional Local District Comments

In regards to substantiating the allegations of DOA, Rockland County continues to believe this allegation should be unfounded. To indicate the report for DOA/Fatality the LDSS needs to provide information from the ME that the death of the infant was caused by the actions of the caretaker. The ME is not stating this. The ME is stating that the Manner and Cause of Death are undetermined. Without a complete autopsy, it cannot be determined that unsafe sleeping caused this child's death. There is no dispute that the baby was placed down on her stomach (which would justify the IG allegation), however the caretaker at the time reported that the baby's face was placed to the side. There is no evidence that this reported information was inaccurate. At the time of the autopsy, the infant child had a cold and haziness in her lungs. Again, without a complete autopsy, it is unknown if there was an underlying medical condition that could have caused the child's death. There does not appear to be enough evidence to support this judgement.

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