



Report Identification Number: NY-20-106

Prepared by: New York City Regional Office

Issue Date: May 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: 2 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 11/17/2020
Initial Date OCFS Notified: 11/17/2020

Presenting Information

An SCR report alleged that on 11/16/20 around 9:30 PM, the mother placed the 2-month-old female infant to sleep in the mother's bed. The mother went to bed around 11:30 PM and the infant was breathing at that time. The mother woke up around 5:30 AM on 11/17/20 and the infant was not breathing. The mother called 911 and performed CPR until EMS arrived. The infant was transported to the hospital where she was pronounced deceased at 6:09 AM. The infant died as a result of co-sleeping. The role of the father was unknown.

Executive Summary

This fatality report concerns the death of the 2-month-old female infant that occurred on 11/17/20. A report was made to the SCR on that same date, with allegations of DOA/Fatality and Inadequate Guardianship against the infant's mother. The Administration for Children's Services (ACS) received the report and investigated the infant's death. An autopsy was completed; however, the results were pending at the time of this writing.

At the time of the infant's death, she resided with her mother, maternal aunt, and two cousins aged 10 and 5. The father resided in Brooklyn and he was not present when the incident occurred. The father had two additional children (siblings) who resided with him that were both 10-years-old. The siblings were also not present in the mother's home at the time of the incident.

The investigation revealed that on the night of 11/16/20, the mother co-slept with the infant in the mother's bed. The mother woke up around 5:30 AM and she discovered the infant was face-down on the bed and she was not breathing. The mother called 911 at 5:33 AM and she performed CPR until EMS arrived and took over. The infant was transported to the hospital via ambulance where life-saving measures continued. The infant was pronounced deceased at 6:09 AM.

ACS adhered to approved protocols for a joint investigation with law enforcement, and they made diligent attempts to interview the parents, maternal aunt, cousins, and siblings face-to-face, although the family refused. The siblings and cousins were observed via video calling and they appeared to be free from marks and bruises. ACS spoke to family members, law enforcement, the medical examiner's office, hospital staff and the DA's office. Hospital staff provided the parents with information on bereavement services and ACS mailed information on additional bereavement resources. At the time this report was written it was unknown if the parents engaged in these services. Law enforcement found that the death was accidental, and they closed their investigation with no charges filed.

ACS unfounded the allegations against the mother as they found that the mother met a reasonable minimum standard of care for the infant and there was a lack of credible evidence that the infant died as a result of abuse. ACS opened the case for Preventive Services, although the only child listed on the services case was the deceased infant.

PIP Requirement

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

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:

Casework activity was commensurate with case circumstances and supervisory consultations were documented throughout the investigation.

Was the decision to close the case appropriate? N/A

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

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

Explain:

ACS unfounded the allegations against the mother based on the evidence gathered. ACS opened the case for services, although there was no surviving child listed on the services cases.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 30-Day Safety Assessment
Summary:	A 30-Day Safety Assessment was not completed in Connections.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS will document and approve all safety assessments within the required timeframe.
Issue:	Failure to provide notice of report
Summary:	The maternal aunt and cousins who resided in the home were not added to the household composition in Connections and the aunt was not provided with the notice of existence as required.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)



Action:	ACS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.
Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	The RAP was completed regarding the subject infant and should have been completed regarding the cousins that resided in the home.
Legal Reference:	18 NYCRR 432.2(d)
Action:	ACS will accurately reflect the current caretakers of children in risk assessments, and accurately assess and document each respective risk element identified into the Risk Assessment Profile.
Issue:	Eligibility for Preventive Services
Summary:	ACS opened a Preventive Services case and the family was not eligible for Preventive Services due to the child being deceased.
Legal Reference:	18 NYCRR 423.3 and 430.9
Action:	Mandated Preventive Services shall be considered when such services are essential to improve family relationships and prevent the placement of a child into foster care. Non-mandated Preventive Services may be provided to a child that is at risk of foster care or returning to foster care or is in foster care and preventive services would enable the child to be returned home sooner.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/17/2020

Time of Death: 06:09 AM

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

Unknown

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

05:33 AM

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? 6 Hours

At time of incident was supervisor impaired?

Drug Impaired

Alcohol Impaired

Impaired by illness

Impaired by disability

**At time of incident supervisor was:** Distracted Absent Asleep 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	Aunt/Uncle	No Role	Female	25 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	10 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	5 Year(s)
Other Household 1	Father	No Role	Male	34 Year(s)
Other Household 1	Sibling	No Role	Male	10 Year(s)
Other Household 1	Sibling	No Role	Male	10 Year(s)

LDSS Response

ACS began their investigation upon receipt of the SCR report on 11/17/20. They gathered information from the source of the report, law enforcement, hospital staff, and the DA's office. They learned that the mother had no other children and that there were two cousins that resided in the home and two siblings that resided with the father.

ACS attempted to assess the mother's home with law enforcement, although family members that were present became hostile and refused to allow ACS to enter the home. Law enforcement requested that ACS leave the home to de-escalate the situation and law enforcement conducted the home assessment. The family retained an attorney and they refused to meet with ACS face-to-face. The mother and maternal aunt would not speak to ACS during the investigation and the family did not allow ACS to interview the siblings or cousins. The father and maternal aunt allowed ACS to observe the four children via video calling and they appeared to be safe. The children responded that they were doing OK and no marks or bruises were observed.

ACS spoke to the father over the phone and he reported that he, the siblings, maternal aunt, cousins, and the mother were staying with a family member until after the infant's funeral. The father said that the mother contacted him after the infant was found unresponsive and told him that the infant was taken to the hospital, so he met the mother there. He did not provide any other information about the incident. The father reported that they retained an attorney due to the hospital staff's behavior and he felt that he and the mother were being harassed by law enforcement.

Hospital staff reported that the parents were upset because they felt that the medical team could have done more, although the infant was hypothermic and cold when she arrived. The mother reported that she put the infant in her bed about 9:30 PM and the mother fell asleep around 11:30 PM. The mother said she woke up at 5:30 AM to her alarm and there was blood coming out of the infant's nose. The infant was observed to have no marks or bruises and she had no medical conditions. Hospital staff provided the parents with a keepsake box and information on bereavement services.



Law enforcement interviewed the mother and she reported that she swaddled the infant and placed the infant on her back in the bed next to her. During the night the mother pulled the infant closer to her and away from the wall. The mother woke up to her alarm and discovered that the infant was face down and unresponsive, so she called 911. Law enforcement and the DA's office reported that the incident appeared to be accidental.

Law enforcement provided ACS with a copy of photographs of the mother's home that were taken following the incident. There was a bassinet observed next to the mother's bed which appeared to be a safe sleep environment for the infant. The mother's bed was observed to contain a fitted sheet, adult comforter, several pillows, and a pacifier. There were no safety hazards present in the home and the necessary supplies were observed for the infant.

ACS consulted their legal department and it was determined that no action could be taken since the mother had no other children.

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 reviewed by an OCFS approved Child Fatality Review Team? No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056981 - Deceased Child, Female, 2 Mons	056982 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
056981 - Deceased Child, Female, 2 Mons	056982 - Mother, Female, 22 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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:

Diligent attempts were made to interview the parents, maternal aunt, cousins and siblings face-to-face, although were unsuccessful. The parents and aunt refused to meet with ACS. A release to speak to the pediatrician was not obtained.

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

The 30-day safety assessment was not completed.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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:
Hospital staff provided the family with information on bereavement services and ACS mailed the family additional bereavement resources. ACS was unable to further assess for service needs due to the family's lack of cooperation.

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

Explain:
Hospital staff provided the parents with information on bereavement services. ACS mailed information for bereavement services to the parents.

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 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