



**Report Identification Number: AL-20-002**

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

**Issue Date: Jun 08, 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.



## 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:** 4 month(s)

**Jurisdiction:** Albany  
**Gender:** Female

**Date of Death:** 02/01/2020  
**Initial Date OCFS Notified:** 02/03/2020

## Presenting Information

An SCR report alleged on 2/1/2020, at about 6:40 PM, the father put the 4-month-old female subject child in her crib. At an unknown time, while in her crib, the child went into cardiac arrest. The father checked on the child about 45 minutes after placing her in her crib, and she was not breathing. The father called 911 at 7:24 PM. When EMS arrived, the father was outside waiting, holding the child. EMS performed CPR as they transported the child to the hospital. CPR was performed for 45 minutes, and the child did not survive. The child was otherwise healthy and had no known preexisting medical conditions. There was no explanation for her death; therefore, the death was considered suspicious. The mother and 3-year-old sibling had unknown roles.

## Executive Summary

This fatality report concerns the death of the 4-month-old subject child that occurred on 2/1/2020. On the same day, reports were made to the SCR regarding concerns the child died unexpectedly while in the care of her father. The child had no known pre-existing medical conditions. The child resided with her parents and 3-year-old sibling. The sibling was assessed to be safe in the care of the parents.

Albany County Department for Children, Youth and Families (ACDCYF) coordinated investigative efforts with law enforcement upon receipt of the initial SCR report. The family had no prior criminal history or CPS history. An autopsy was performed, and the medical examiner determined the immediate cause of death to be compatible with positional asphyxia. The manner of death was accidental.

The father reported placing the swaddled child on her back in a Pack ‘N Play for a nap. Around 6:00 PM, the child cried, and the father gave the child a pacifier, and rolled the child onto her stomach to sleep longer. The father fell asleep on a separate sleeping area while the 3-year-old sibling watched TV in another room. The father woke from his nap and checked on the child. The child was gray in color and not breathing. The father called 911 and attempted CPR until first responders arrived and took over resuscitation efforts. The child was transported to the hospital via ambulance where she was pronounced deceased. The mother was at work at the time of the fatal incident.

The investigation found no criminality and law enforcement closed their investigation without any charges filed.

ACDCYF gathered information regarding the death from the father, medical examiner, EMS, fire department and law enforcement. Additionally, ACDCYF gathered information from hospital staff and the pediatricians. There were no concerns for the care of the sibling.

Home visits were completed throughout the investigation and the sibling was assessed to be safe in the care of his parents. ACDCYF completed all required reports and Safety Assessments timely and accurately. ACDCYF added the allegation of Lack of Supervision against the father regarding the sibling as the father slept while he was the sole caretaker of the sibling; however, the allegation was unsubstantiated as the investigation did not reveal credible evidence the sibling was at risk of harm. The allegations of Inadequate Guardianship and DOA/Fatality were substantiated against the father. ACDCYF based their determination on evidence gathered during the investigation. The father had knowledge of safe sleep recommendations; however, he placed the child in an unsafe sleep environment when he placed the child face-down in attempt for the child to sleep longer. ACDCYF offered grief counseling to the family. The family declined the services and the case was closed.



## 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.

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 case was appropriately determined and 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: 02/01/2020

Time of Death: 08:22 AM

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

Unknown



**County where fatality incident occurred:** Albany  
**Was 911 or local emergency number called?** Yes  
**Time of Call:** 07:23 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  
**How long before incident was the child last seen by caretaker?** 1 Hours

**At time of incident supervisor was:**  
 Drug Impaired       Absent  
 Alcohol Impaired       Asleep  
 Distracted       Impaired by illness  
 Impaired by disability       Other:

**Total number of deaths at incident event:**  
**Children ages 0-18:** 1  
**Adults:** 0

### Household Composition at time of Fatality

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      | Female | 4 Month(s) |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 23 Year(s) |
| Deceased Child's Household | Mother         | No Role             | Female | 25 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Male   | 3 Year(s)  |

### LDSS Response

On 2/1/2020, ACDCYF received the fatality report from the SCR and immediately began their investigation into the death. Two duplicate SCR reports were received. Within the first 24 hours of the investigation, ACDCYF contacted the sources, and coordinated investigative efforts with law enforcement. Additionally, a CPS history check was completed, and the district attorney and medical examiner's offices were made aware of the death. A home visit was made, and the sibling was assessed to be safe in the care of his parents.

Law enforcement provided information that was gathered. The child was found swaddled in a blanket and did not have any obvious trauma to her body. The father fed the child two hours prior to placing the child on her back in a Pack 'N Play. The father fell asleep on another surface and he woke up approximately an hour later and discovered the child was not breathing. The father called 911 and performed CPR until first responders arrived.

On 2/2/2020, ACDCYF interviewed the parents in the home. The father said the day of the child's death was a typical day and the child ate and slept normally. The father placed the child on her back in a Pack 'N Play to nap. She was lightly



swaddled with her arms inside of the blanket. The child laid on a blanket and another was on top of her as the home and bottom of the Pack ‘N Play were cool. Around 6:00 PM, the child woke up. The father gave the child a pacifier and rolled her onto her stomach. The parents regularly placed the child on her stomach with a pacifier as the child would often sleep for another hour after she was placed on her stomach. The father napped on another surface for approximately 45 minutes. When the father woke up, he noticed the child was unresponsive. He immediately removed the child from the swaddle, and noticed her arms were limp. He called 911 and performed CPR. The father brought the child outside and waited for first responders, who transported the father and child to the hospital.

The mother was not home at the time of the fatal incident. When the mother arrived, she observed law enforcement was at the home. The mother did not have additional information regarding the death. ACDCYF made attempts to interview the sibling to no avail.

EMS, fire fighters and law enforcement reported the home was immaculate and there were no concerns the father was impaired, nor was there concern for the safety of the sibling. First responders reported the father was outside with the child upon their arrival and they took over resuscitation efforts. Law enforcement determined the death was accidental and did not file criminal charges.

The pathologist who performed the autopsy determined the child would not have died if the child was properly swaddled and safe sleep recommendations were followed. The child died as a result of accidental positional asphyxia.

The family was offered bereavement services in response to the death; however, they declined the services and did not warrant further intervention from ACDCYF. The investigation was appropriately conducted and all casework activity was completed before the case was determined.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Other physician

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The death was referred to the Child Fatality Review Team during the course of the investigation.

### SCR Fatality Report Summary

| Alleged Victim(s)                       | Alleged Perpetrator(s)            | Allegation(s)           | Allegation Outcome |
|---|-----------------------------------|-------------------------|--------------------|
| 053402 - Deceased Child, Female, 4 Mons | 053405 - Father, Male, 23 Year(s) | DOA / Fatality          | Substantiated      |
| 053402 - Deceased Child, Female, 4 Mons | 053405 - Father, Male, 23 Year(s) | Inadequate Guardianship | Substantiated      |
| 053403 - Sibling, Male, 3 Year(s)       | 053405 - Father, Male, 23 Year(s) | Lack of Supervision     | 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

**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"/> |

### 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 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 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"/> |



|   |                          |                          |                          |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Early Intervention</b>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Child Care</b>                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Intensive case management</b>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**

The record did not reflect funeral assistance was offered to the family.

**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 record did not reflect services were offered to the sibling; however, it remained unknown if any service needs were identified.

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

**Explain:**

The parents were offered grief counseling during the investigation, but declined the referral.

## 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 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.

### 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