



Report Identification Number: BU-16-007

Prepared by: Buffalo Regional Office

Issue Date: 8/4/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 02/23/2016
Initial Date OCFS Notified: 02/23/2016

Presenting Information

This morning 2-23-16 at approximately 7:30AM, subject child was found unresponsive by subject mother while the subject child was in a bouncy chair. Subject mother fed the subject child at 4AM, placed the subject child in the bouncy chair, and went to sleep. When she woke up at 7:30AM, she found the subject child unresponsive. The subject child went into cardiac arrest. Subject mother attempted CPR, along with the Police, Fire Department, and EMS. The subject child was pronounced dead on scene. The subject child did not have any pre-existing medical conditions and was an otherwise healthy child. The role of the two year old other child sibling is unknown.

Executive Summary

This report involved the death of a one-month old subject child that, despite having no history of medical concerns, was found unresponsive upon the subject mother awaking in the morning.

The CW initiated the investigation making the appropriate home assessment, case and collateral contacts, and safety/risk assessments. Medical history information, household member SCR checks, and timely documentation of case work activities were made.

No household member had any prior CPS history in NYS. SM participated in regular pre-natal care. A toxicology during the pregnancy was negative. SC's Pediatrician reported no pre-existing medical conditions. SC was a full term baby delivered naturally at a hospital. Neither the SC nor SS were enrolled in day care and were cared for in the home by SM and SMGM who are not employed. The grandfather was at work at the time of the fatality. Ample food was observed in the home and the home appeared clean with no safety concerns. The two year old surviving sibling was examined by the Child Advocacy Center and there were no concerns.

911 First responders reported CPR efforts with no response by subject child. SC was observed to have rigor mortis and lividity present in her face and extremities. Police did not file any criminal charges or open an investigation.

Subject mother reported she fed SC 4.5 oz. at midnight and again at 3:50AM burping SC, and putting SC in her bassinet on her back to sleep. The bassinet is actually an incline chair. SM went to sleep in her own bed in the same room and awoke at 7:30AM when surviving sibling turned on the TV. SM then went to pick up SC and found her stiff, pale, and cool to the touch. SM ran to SMGM's room and they attempted CPR per 911 instructions until Buffalo Police arrived. SC had no recent illnesses. CW observed two blankets in subject child's incline bassinet during her contact. SM reported one blanket was placed under SC as extra padding. SMGM reported a similar timeline. SMGM and GF reported no care concerns of SC by SM. SC's father, whom did not reside in the home, also reported no care concerns of SC by SM.

The Erie Co. Medical Examiner performed an autopsy and reported initial findings that subject child had no signs of trauma, was without any marks of concern, appeared well cared for and perfectly healthy. The ME did note a concern regarding SC's incline bassinet noting it is marketed as a safe place for babies to sleep, but that he has concerns and intends to contact the Product Safety Commission regarding the product. The final autopsy report with toxicology



was not available at the time of case closing or at the time of BRO OCFS review.

On 4/25/16, the allegations of IG and DOA/Fatality were UNF against SM and SMGM. Basis of findings: Timelines from SM and SMGM are similar with both reporting SC slept only on her back in her bassinet, with no objects. Home meets minimal standards and there was plenty of food and baby supplies. ME's preliminary report of SC as well cared for and reason for death as SIDs pending toxicology results. SS was examined with CAC and Pediatrician having no concerns. SM and surviving child reside in home with grandparents providing oversight. SS appears safe. CPS intervention is no longer necessary. Case is closed.

This OCFS review contains several "unknown" answers regarding safe sleep questions as they are truly unknown answers due to the only source being the SM. This case fits many facets of co-sleeping or improper sleep conditions, but the limited available information of the actual incident is coming only from the SM. With no other verifying sources available, reviewer felt it prudent to therefore make answers as "unknown" where it involved the sleep conditions of the subject child the night of the fatality.

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 the case circumstances. Appropriate case and collateral contacts were made.

Was the decision to close the case appropriate? Yes

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

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

Explain:

The level of casework activity was commensurate with the circumstances in this fatality investigation.

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: 02/23/2016

Time of Death: Unknown

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

County where fatality incident occurred:

ERIE

Was 911 or local emergency number called?

Yes

Time of Call:

07:28 AM

Did EMS to 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? 3 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Grandparent	No Role	Male	53 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	50 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)

LDSS Response

On 2/23/16, Erie Co. CPS received an SCR report with allegations of IG and DOA/Fatality against subject mother (SM)



and subject maternal grandmother (SMGM) stemming from subject child (SC) being found unresponsive. A duplicate report was received and consolidated.

The CW initiated the investigation making the appropriate home assessment, case and collateral contacts, and safety/risk assessments. Medical history information, household member SCR checks, and timely documentation of case work activities were made.

Household members included SM, SMGM, GF, and a surviving two year old sibling (SS). No family member had any prior CPS history in NYS. SM participated in pre-natal care. A toxicology during pregnancy was negative. SC's Pediatrician reported no pre-existing medical conditions. SC was a full term baby delivered naturally at a hospital. Neither SC nor SS were enrolled in day care and were cared for by SM, whom is unemployed, and SMGM, whom is home and receives disability. The GF was not home and was at work as a bus driver at the time of the fatality. Ample food was observed in the home and the home appeared clean with no safety concerns. SS was examined by the Child Advocacy Center and there were no concerns. SC's Father, who does not reside in the home, had no concerns regarding SC's care.

First responders reported upon their arrival SMGM was attempting CPR on SC and was replaced by Buffalo Police and Fire personnel who continued CPR efforts with no response by SC. SC was observed to have rigor mortis with a fixed closed mouth, arm fixed in position, and lividity present in her face, shoulder, arms, legs, and back. SC was pronounced dead on the scene and transported by the Medical Examiner for autopsy. Police reported SM as unemotional in her responses, but noted no other concerns, did not file any criminal charges, or open an investigation.

SM reported she fed SC 4.5 oz., burped her, and put SC in her bassinet on her back to sleep at midnight. The bassinet is actually an incline chair and can rock. SM went to sleep in her own bed in the same room and awoke at 3:50AM hearing SC making cooing noises, got up, changed SC's diaper, and fed her another 4.5 oz. SC fell asleep in SM's arms and she returned SC to her bassinet wrapping a blanket around SC's lower legs. SS woke up at 7:30AM and turned on the TV awaking SM who then went to pick up SC and found her stiff, pale, and cool to the touch. SM ran to SGM's room and they attempted CPR per 911 instructions until Buffalo Police arrived. SM reported SC had no recent illnesses. CW observed two blankets in SC's incline bassinet during her contact. SM reported one blanket was placed under SC as extra padding.

SMGM reported at 7:30AM SM was banging on her bedroom door that SC was not breathing and she took SC from SM placing her on a couch and attempted CPR while SM called 911. SMGM and GF reported no care concerns of SC by SM.

The Erie Co. Medical Examiner performed an autopsy and reported initial findings that SC had no signs of trauma, was without any marks of concern, appeared well cared for and perfectly healthy. ME did have a concern regarding SC's incline bassinet noting it is marketed as a safe place for babies to sleep, but that he has concerns and intends to contact the Product Safety Commission regarding the product. The final autopsy report with toxicology was not available at the time of case closing or at the time of BRO OCFS review.

On 4/25/16, the allegations of IG and DOA/Fatality were UNF against SM and SMGM. Basis of findings: Timelines from SM and SMGM are similar with both reporting SC slept only on her back in her bassinet, with no objects. Home meets minimal standards and there was ample food and baby supplies. ME's preliminary report of SC as well cared for and reason for death as SIDs pending toxicology results. SS was examined with CAC and Pediatrician having no concerns. SS appears safe. Case is closed

Official Manner and Cause of Death

Official Manner: Unknown



NYS Office of Children and Family Services - Child Fatality Report

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

Comments: The investigation was not conducted by an MDT team, however the investigation did adhere to appropriate protocols for a joint investigation. Law enforcement was consulted. Law enforcement did not file charges or open a criminal investigation into this fatality case.

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

Comments: Erie County does not have an OCFS approved Child Fatality Review team however, fatality reports are reviewed by a Multidisciplinary team involving a mix of law enforcement, Medical, Mental health, Social work, and other professionals.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029669 - Deceased Child, Female, 1 Mons	029672 - Grandparent, Female, 50 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
029669 - Deceased Child, Female, 1 Mons	029671 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
029669 - Deceased Child, Female, 1 Mons	029671 - Mother, Female, 22 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
029669 - Deceased Child, Female, 1 Mons	029672 - Grandparent, Female, 50 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NYS Office of Children and Family Services - Child Fatality Report

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"/>

Additional information:

Law enforcement did not file charges or open a criminal investigation. Surviving sibling was age two. Interview attempts were made by the CW, but child was not able to be interviewed due to age.

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



NYS Office of Children and Family Services - Child Fatality Report

household?				
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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The initial Safety Assessment was rated at 1 and had no identified safety factors.

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	Needed but 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"/>



NYS Office of Children and Family Services - Child Fatality Report

Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<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:
 Caseworker made a referral for grief counseling for the subject mother, but this was declined. SM felt she was already in the process of a referral for an evaluation for clinical services from her Physician.

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:
 No immediate support service needs were determined to be necessary for the surviving two year old sibling as a result of the fatality.

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

Explain:
 Referral for mental health grief counseling was made for the subject mother, but this was declined. Subject mother was already in the process of a mental health referral for depression by her Physician.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** 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 within three years prior to the fatality.

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

There is no CPS history more than three years prior to the fatality for subject mother or any member of the household.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State for all household members.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

- Yes
- No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

- Yes
- No

Foster Care Placement History



There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

We find that the facts describe the unfortunate events and actions taken. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

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