



Report Identification Number: BU-22-011

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

Issue Date: Dec 06, 2022

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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Orleans
Gender: Male

Date of Death: 06/17/2022
Initial Date OCFS Notified: 06/17/2022

Presenting Information

The SCR report alleged that on 6/17/22, the subject child was in the care of the mother and father. Between 11:00AM and 11:30AM, the mother put the subject child down for a nap. Sometime after 12:00PM, the mother went to check on the subject child and found him unresponsive with no pulse. 911 was called and emergency medical services arrived around 12:40PM. When emergency services arrived, an unknown individual was already performing cardiopulmonary resuscitation and the subject child's mouth and nose were being suctioned. CPR and life-saving measures were continued while the subject child was brought to the hospital. At one point the subject child regained a pulse, but it was again lost and cardiopulmonary resuscitation continued. After an hour of cardiopulmonary resuscitation, the mother and father no longer wanted to continue life-saving measures. The time of death was 2:10PM.

Executive Summary

This fatality report concerns the death of a 3-month-old male subject child that occurred on 6/17/22. The SCR report contained allegations of Inadequate Guardianship and DOA/Fatality against the mother, father, and paternal aunt. At the time of her death, the subject child resided with her mother, father, and 4-year-old sibling. The paternal aunt's household consisted of the aunt, uncle, 18-year-old cousin, 15-year-old cousin, and their three foster children, ages 8, 5, and 3.

Orleans County Department of Social Services (OCDSS) completed collateral and casework contacts and learned that on the morning of 6/17/22, the mother dropped the subject child off at the aunt's home around 8:30AM, then she went to work. The aunt put the subject child down for a nap on his back in the center of her adult-sized bed, before leaving the home to pick up one of the foster children from school. The 18-year-old cousin was put in charge of watching the subject child while the aunt was gone. The cousin checked on the subject child numerous times to find him still asleep and breathing. The aunt returned home about 5 minutes before the mother arrived around 12:00PM to pick the subject child up. The cousin went to get the subject child who was still on the aunts' adult-sized bed, and brought him to the mother, limp and unresponsive. The mother took the child and began cardiopulmonary resuscitation while the cousin contacted 911. The aunt moved the subject child to the bedroom away from the other children and took over cardiopulmonary resuscitation. The subject child was transferred to the hospital where he was later pronounced deceased.

An autopsy was performed, and the final cause and manner of death were pending at the time of case closure. The preliminary findings from the medical examiner noted no trauma and, although unofficial, it was believed the death was related to unsafe sleep. Emergency medical services did observe the subject child's soft spot to be sunken in from dehydration. The mother reported the subject child had been dehydrated, visited his pediatrician on 6/15/22, and started taking Pedialyte on 6/16/22. There were no criminal charges filed pertaining to the subject child's death.

Both the mother and aunt's households were offered bereavement services following the subject child's death. The aunt declined services for her family and stated they were speaking with their pastor. The mother and father accepted a counseling services referral. The surviving sibling, 15-year-old cousin, and the aunt's 3 foster children were all assessed to be safe in their respective homes. The allegations were unsubstantiated against the mother and father; however, were substantiated against the aunt due to OCDSS finding a fair preponderance of evidence to support that the aunt put the subject child in an unsafe sleeping environment. The report was indicated and closed on 8/19/22.

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:

OCDSS made an appropriate determination based on evidence obtained throughout the investigation.

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:

Casework activity was commensurate with case circumstances.

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: 06/17/2022

Time of Death: 02:10 PM

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

County where fatality incident occurred: Niagara

Was 911 or local emergency number called? Yes



Time of Call: Unknown
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

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	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Female	38 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	41 Year(s)
Other Household 1	Other Adult - Cousin	No Role	Female	18 Year(s)
Other Household 1	Other Child - PA's Foster Child	No Role	Female	8 Year(s)
Other Household 1	Other Child - PA's Foster Child	No Role	Female	5 Year(s)
Other Household 1	Other Child - Cousin	No Role	Male	15 Year(s)
Other Household 1	Other Child - PA's Foster Child	No Role	Female	3 Year(s)

LDSS Response

Upon receipt of the SCR report, OCDSS coordinated their investigation with law enforcement, notified the district attorney's office, spoke with collateral sources, conducted interviews with household members, and offered services regarding the fatality.

OCDSS interviewed the mother, father, aunt, and 18yo cousin and learned that on 6/17/22, the mother dropped the SC off to the 18yo at the aunt's home around 8:30AM before going to work. The aunt was not home when the SC was dropped off, as she was bringing the 8yo OC to school and ran an errand. The SC was fussing and the 18yo took him out of his car seat to feed him, burp him, and change him. The aunt returned home between 9:20-9:30AM. The aunt trimmed the SC's nails, and he became fussy, so she rocked him in her arms and he fell asleep. The aunt reported that she laid the SC on his back in the middle of her adult bed with pillows surrounding him, but not touching him. The aunt wrapped the SC's body in the blanket but left his arms outside of the blanket. The aunt left the home at 11:45AM with the 3yo OC to pick up the 8yo OC at school, while the 18yo remained in the home watching the SC. The 18yo reported that she checked on the SC twice while the aunt was gone and observed him both times on his stomach breathing with his face to the left and arms up. The aunt arrived home around 11:55AM and the mother arrived early to pick the SC up at 12:00PM. When the mother arrived, the 18yo went to get the SC from the aunt's bed, and she observed him in the same position as when she had



checked on him. The 18yo picked the SC up and he was limp, then gave the SC to the mother who brought him to the couch and began CPR. The 18yo called 911 and then gave CPR instructions to the mother. The aunt took the SC into a bedroom away from the other children and continued CPR until EMS arrived. The 18yo noted the SC began to discolor and the aunt reported formula coming out of his nose. EMS arrived, continued life-saving measures, and transported the SC to the hospital. Hospital staff reported the SC was pulseless and grey upon arrival and was pronounced deceased at 2:10PM.

The father and uncle were at work at the time of the incident, and therefore did not have any information pertaining to the circumstances preceding the SC’s death. The SS was with the PGF and PGM at the time of the death. The other children recalled EMS responding, however, did not have specific information regarding the incident.

The mother noted that the SC and SS were regularly watched by the aunt while she and the father worked, and she had no concerns regarding the aunt caring for the children. The aunt confirmed she was aware of safe sleep but noted that the SC was frequently put to sleep in the middle of her adult-sized bed, despite there being safe sleep provisions in the home.

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 referred to an OCFS approved Child Fatality Review Team?No

Comments: Orleans County Department of Social Services does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
061921 - Deceased Child, Male, 3 Mons	061922 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
061921 - Deceased Child, Male, 3 Mons	061922 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
061921 - Deceased Child, Male, 3 Mons	061923 - Father, Male, 27 Year(s)	DOA / Fatality	Unsubstantiated
061921 - Deceased Child, Male, 3 Mons	061923 - Father, Male, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
061921 - Deceased Child, Male, 3 Mons	061926 - Aunt/Uncle, Female, 38 Year(s)	DOA / Fatality	Substantiated
061921 - Deceased Child, Male, 3 Mons	061926 - Aunt/Uncle, Female, 38 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>



Child Fatality Report

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"/>

Explain:

Although the Risk Assessment Profile was completed regarding the mother and father, risk was also assessed for the children who resided in the aunt's home. Counseling services were offered to all persons listed in the case composition.

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

Additional information, if necessary:
 OCDSS provided the family with burial assistance and offered services pertaining to the subject child's death.

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? Yes

Explain:
 Bereavement services were offered on behalf of the SS, as well as for the 15yo cousin and aunt's 3 foster children. OCDSS provided the mother and father with age appropriate reading material to assist in explaining the subject child's death to the SS.

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

Explain:
 Bereavement services were offered to the parents and all adult household members in the aunt's home. Services were declined by the aunt, as she reported her family was speaking with a pastor. The mother and father accepted a counseling 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? Yes

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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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 history outside of New York State.

Foster Care Placement History

The aunt and uncle had 3 foster children residing in their home at the time of the fatality and were in the process of adopting the children. The 3 foster children had been in the aunt and uncle's care for approximately 2 to 3 years.

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