



**Report Identification Number: NY-17-097**

**Prepared by: New York City Regional Office**

**Issue Date: Jan 30, 2018**

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		



## Case Information

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

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 09/27/2017  
**Initial Date OCFS Notified:** 09/29/2017

## Presenting Information

The narrative of the 9/29/17 report stated on 9/27/17 at 12:49 AM, the father made a call to emergency services stating something was wrong with the 3-month-old male child. When the police and Emergency Medical Services arrived, the child was in cardiac arrest. The child was found laying face up on a bed with a green scarf wrapped around his neck, a roll of gauze bandage in the middle of his head, and a roll of gauze tied around both legs bandaging them together. The child did not sustain any marks or bruising; he was transferred to a hospital where he was pronounced dead at 1:46 AM on 9/27/17. The report alleged there were no prior medical problems that could have contributed to the child's death. The cause of death is unknown. The mother and father were responsible for the child at the time of death; therefore, both adults are alleged subjects.

## Executive Summary

This 3-month-old male child who had a preexisting medical condition and who had been co-sleeping with his mother at the time of the incident died on 9/27/17. The SCR registered a report of this death on 9/29/17 with allegations of DOA/Fatality and Inadequate Guardianship of the SC by the parents. There were no allegations pertaining to the SS. The ME who conducted an external examination of the child's body as the parents objected to an autopsy due to religious reasons, has in a verbal report to ACS, stated the cause and manner of death were undetermined.

ACS initiated the investigation in a timely manner and made contact with the appropriate collateral which included EMS, the ME, pediatrician for the children, a number of medical specialists, other cultural and faith-based organizations to gain information regarding the family's religion and culture, the school, neighbors, and law enforcement. No one expressed any concerns regarding the care the children received.

From the family ACS learned of the SC's medical condition and this was later confirmed by the medical specialists who also added the SC did not have a long life-expectancy. ACS also learned prior to death, the SC had been vomiting and was refusing to take his formula. The SC went to sleep at about 10:00PM on 9/26/17 and was pronounced dead at 1:48 AM on 9/27/17.

ACS learned during the course of the investigation that the family had, in 2013, experienced another fatality of a two-year-old child, due to the same medical condition. The two-year-old child died while the family was residing in their country of origin. Law enforcement indicated no arrests would be made as no criminality was found.

ACS explored safe sleep practices with the adults in the home and also explored the issue of co-sleeping as a contributing factor in the death of the SC; however, contact with the ME's office, hospital personnel, as well as NYPD detectives suggested that the child died of preexisting medical condition and no foul play was suspected. The parents also denied drug and alcohol use and ACS did not note any such activity in the home.

A child safety conference was held on 10/6/17 and the concerns were discussed by all participants. The ACS staff engaged parents around the scarves that were found on child. The parents reported this was part of their tradition; when someone dies, something is put on their head to cover it and something is wrapped around the feet. The Specialist confirmed this information with faith-based affiliates. EMS also said the scarf was loosely tied around the child's head.

The parents were offered bereavement services, counseling, and preventive services to support the family; however, the



offer was declined by the parents. The parents reported that they are receiving faith-based bereavement services. ACS determined no removal was necessary as the parents were meeting the needs of the SS and the SS appeared well cared for. ACS ordered a bed for SS which family has agreed to accept.

A review of the documentation reflected good directives and guidance by Supervisory staff. The staff made efforts to explore and confirm information. The Safety and Risk Assessments were adequate when guidance was provided. ACS staff explained to family, using language interpreter, the reason for ACS' presence in the home, and explained each document they provided the family.

ACS has not made a determination on this report.

## 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?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

### 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?** N/A

### Explain:

Report has not yet been determined.

**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:

Determination has not yet been made.

## 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:** 09/27/2017

**Time of Death:** 01:48 AM

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

12:49 AM

**County where fatality incident occurred:**

Kings

**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?**

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?** 002 Hours

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**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:** 001

**Adults:** 000

### 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	031 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	077 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	026 Year(s)
Deceased Child's Household	Sibling	No Role	Female	005 Year(s)

### LDSS Response

According to ACS' documentation, on 9/27/17, at about 12:40 AM, the mother awoke because she was having a toothache, and found the SC next to her on the sofa bed where he had been placed the night before. The child was face up and there



was nothing covering his face; the SC was described as being "blue." The SC was last seen alive approximately two hours before. The parents explained that on the night of 9/26/17, the child started throwing up; they continued to try to feed the SC but he would not drink the formula. According to the documentation the child had a preexisting medical condition. This was confirmed by medical specialist with whom the ACS Specialist spoke during the investigation.

The case documentation reflected that when the mother found the child unresponsive, she alerted the father who had been sleeping in the same room and he called 911. A private ambulance service responded to the home followed by NYPD officers and later the FDNY EMTs. The SC arrived at the hospital at 1:25 AM on 9/27/17 and was pronounced dead at 1:48 AM on the same date. At the time of the incident, a five-year-old female SS was in the home. The SS remained in the home with the PGM while the parents went to the hospital with the SC.

On 9/29/17 the ACS Specialist contacted the hospital and learned when the child arrived at the hospital he was unresponsive and a decision was made to intubate him. Medication was administered to the child for 24 minutes in an attempt to resuscitate the SC; however, the SC did not respond. The time of death was confirmed to be 1:48 AM. Hospital personnel reported parents said this was the second child who had died from the a similar illness. Later ACS learned from the parents and police that while the family was in their native country the parents had a child who had died on 10/13/13 from the same condition.

On 9/29/17, 10/5/17, and 10/6/17, ACS made contact with law enforcement including the DA. ACS learned no criminality was found in connection with the SC's death and no charges would be brought against the adults in the home.

On 10/3/17, the parents were interviewed and reported the SC was born two weeks later than was scheduled, and with a medical condition. Parents reported the SC was referred to a number of medical specialists. ACS confirmed with the Specialists that the parents had kept all the appointments for the SC and those for the SS who was deemed a well child.

Regarding the information that a scarf had been tied around the SC's neck and around his feet, the documentation reflected the father took a scarf and demonstrated for the Specialist how the scarf had been tied around from the SC's chin to the top of his head. The father said he also tied a scarf around the SC's feet. The parents explained in their culture when someone dies something is put on their head to cover it and something is wrapped around the feet. The Specialist confirmed this information with personnel from faith-based affiliates. EMS also said the scarf was loosely tied.

ACS also explored the parents' knowledge of safe sleep, and learned they had not been provided any material regarding this topic. ACS has since provided the family with material regarding the topic. The parents denied drug and alcohol use, and the Specialist documented there was no evidence of this activity noted in the home.

ACS made contact with the school the SS sibling attended; no one had any concerns regarding the care the parents were providing the SS; the SS was doing well.

Between 10/3/17 and 12/23/17, ACS continued to visit the home in announced and unannounced visits. No safety concerns were noted.

ACS completed the required Safety Assessments and Risk Assessments which appropriately reflected the information obtained during the investigation. ACS has not yet made a determination on this report.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner



## Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? No

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

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
043821 - Deceased Child, Male, 3 Mons	043823 - Mother, Female, 026 Year(s)	Inadequate Guardianship	Pending
043821 - Deceased Child, Male, 3 Mons	043823 - Mother, Female, 026 Year(s)	DOA / Fatality	Pending
043821 - Deceased Child, Male, 3 Mons	043824 - Father, Male, 031 Year(s)	Inadequate Guardianship	Pending
043821 - Deceased Child, Male, 3 Mons	043824 - Father, Male, 031 Year(s)	DOA / Fatality	Pending

### 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"/>
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"/>

### 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"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Explain as necessary:**

No removal was necessary. The SS was well cared for. She was routinely seen by pediatricians and the school; they had no concerns for her care. A CSC was held on 10/6/17 at which time ACS made the decision no removal was necessary.

**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 checked="" 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 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 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:**

Family did not want any services and some services were not necessary for 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? Yes

**Explain:**

Child was referred for counseling and is receiving such services through school and the agency to which the family was referred.



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

**Explain:**

Family was referred for counseling services; however they declined ACS' offer.

### 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 in NYS within three years prior to the fatality.

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

There were no CPS investigations that occurred more than three years before the fatality that involved 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.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### 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**

No actions required.

**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