



**Report Identification Number: NY-18-106**

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

**Issue Date: Apr 25, 2019**

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:** 11 day(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 10/27/2018  
**Initial Date OCFS Notified:** 10/27/2018

## Presenting Information

On 10/27/18, the 11-day-old SC was in the PGM’s home and in the care of her biological parents and the PGM. At approximately 6:00 AM, the SC was found unresponsive, with blood coming out of her mouth. At 6:05AM, the family called 911. LE responded to the home and transported the SC's body to the hospital where she was pronounced dead at 6:29 AM. The caretakers did not provide any information about how the SC obtained blood on her clothes and mouth. Prior to her death, the SC was an otherwise healthy child.

## Executive Summary

On 10/27/18, the SC died while bedsharing with the PGM and her two-year-old female paternal cousin (PC) in a full-size bed. ACS documentation revealed that at approximately 1:30AM, the PGM fed and burped the SC, then laid her down on a pillow in the bed between her and the PC. At 6:00AM, the PC woke up screaming. The BM woke up to the PC’s cries and immediately walked into the bedroom where she found the SC in bed on her back and unresponsive. The BM picked the child up from the bed and observed blood coming from her nose and mouth, prompting the PU to call 911. LE responded to the home, began CPR on the SC and transported her to the hospital where medical staff pronounced her dead at 8:36 AM. According to the ME's autopsy report, the SC’s cause of death was undetermined (bed-sharing) and the manner of death was undetermined. LE did not make any arrests and closed the criminal investigation.

The bio-parents (BPs) did not have any surviving children in common. The BF had a son from a previous relationship who resided with his biological mother at a different address with whom the father had little contact. The BM did not have any other children. The BM and the SC previously resided with the MGM until 10/25/18, when they moved in with the BF who resided in the PGM’s home. The PC was the bio-daughter of the PA. The PC and PA were visiting the PGM’s home when the incident occurred.

On 10/27/18, ACS initiated the CPS investigation timely by contacting the ER doctor (Dr.), the ME, the SC's primary care provider (PCP) and the family. The ER Dr. and the ME both stated there was no physical trauma on the SC's body. The SC’s PCP told ACS the SC did not have any medical condition and there were no concerns about the overall quality of care the SC received. ACS assessed the PGM’s home but did not observe the home to have adequate sleeping arrangements for the SC in the home. ACS also assessed the MGM's home which had a crib and a pack and play and adequate provisions for the SC. ACS assessed the PC and deemed her safe in the care of the PA.

Throughout the investigation, ACS documented their unsuccessful attempts to engage and assess the BF’s older child. Additionally, ACS offered the family bereavement counseling which they declined.

On 3/25/19, ACS substantiated the allegation IG against the BM, the BF and the PGM. ACS based its decision on the credible evidence obtained during the investigation which reflected the caretakers failed to provide adequate sleeping arrangements in the home for the SC and that the PGM was bed-sharing with the SC when the incident occurred.

ACS did not find any credible evidence to substantiate the allegation DOA/FATL of the SC by the caretakers. LE and the hospital medical staff did not report the SC sustained any injuries consistent with abuse.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? 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

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 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: 10/27/2018

Time of Death: 06:29 AM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

06:02 AM

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:

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

Did child have supervision at time of incident leading to death? Yes



**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Aunt/Uncle     | No Role             | Male   | 26 Year(s) |
| Deceased Child's Household | Deceased Child | Alleged Victim      | Female |            |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 20 Year(s) |
| Deceased Child's Household | Grandparent    | No Role             | Female | 45 Year(s) |
| Deceased Child's Household | Grandparent    | Alleged Perpetrator | Female | 53 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 22 Year(s) |

### LDSS Response

On 10/27/18, ACS contacted the ER Dr. LE, and the ME. They all were consistent when they reported the SC did not have any trauma on her body. According to the ER Dr., the SC arrived at the ER with CPR still in progress. The ER team continued CPR but the SC could not be revived. The ER staff pronounced the SC deceased at 6:29 AM. LE stated no arrest would be made pending the autopsy report.

On the same date, ACS interviewed the family at the PGM's home. The family provided a timeline of the events leading up to the SC's death which was consistent with the information already known regarding the incident. The BM reported that prior to her death, the SC did not appear ill. She was last seen by her PCP on 10/26/18, due to a discoloration to her eyes and skin and was referred for a blood test. The BM also reported that she and the SC previously resided with the MGM until 10/25/18, when they moved in with the BF who resided in the PGM's home. She stated all the SC's belongings were at the MGM's home, including a bassinet. ACS did not observe a crib, bassinet, or playpen in the home. There were no other children in the home; however, the home did not pose any hazards at the time of ACS' visit. ACS offered the family bereavement counseling services but they declined. The family's neighbors did not report any concerns for the family.

ACS then visited the MGM's home. ACS observed more than adequate provisions for the SC in the home. The MGM reported the SC appeared perfectly fine prior to her death. There were no other children in the home. The maternal family disclosed a history of DV between the BPs prior to the SC's birth.

Later that same day, ACS visited the PA's home and assessed the PC to be safe in the home at the time of the visit. ACS also attempted to visit the BF's older child at his mother's home for an assessment. The visit was unsuccessful as nobody was home.

On 10/29/18, the ME stated the SC's cause of death was pending further studies.

On 10/30/18, the PCP stated the BM did not test positive for any illicit drugs during pregnancy. The SC was born full term and there was no complication at delivery. She was discharged 48 hours after birth. The SC was last seen on 10/21/18 for a medical condition and was referred for a blood test the following week. The SC was an overall healthy baby. The PCP denied any concerns about the parents' behavior.



On 10/31/18, the BF stated he did not have the contact information for his son or the mother. He agreed to submit to a drug test.

Between 11/2/18 and 3/12/19, ACS made multiple casework contacts with the family, the ME and LE. The family did not provide any new information regarding the fatality. The ME stated the final autopsy report remained pending toxicology results. LE stated the criminal investigation was closed and no arrests would be made.

On 3/20/19, the ME reported the SC's cause of death was undetermined (bed-sharing). The manner of death was undetermined.

On 3/25/19, ACS found credible evidence to substantiate the allegation IG of the SC by the BM, the BF and the PGM.

ACS did not find credible evidence to substantiate the allegation DOA/FATL of the SC by the caretakers.

### 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:** New York City does not have an OCFS approved Child Fatality Review Team in the New York City region.

### SCR Fatality Report Summary

| Alleged Victim(s)                | Alleged Perpetrator(s)                   | Allegation(s)           | Allegation Outcome |
|----------------------------------|--|-------------------------|--------------------|
| 048161 - Deceased Child, Female, | 048162 - Mother, Female, 22 Year(s)      | DOA / Fatality          | Unsubstantiated    |
| 048161 - Deceased Child, Female, | 048170 - Grandparent, Female, 53 Year(s) | Inadequate Guardianship | Substantiated      |
| 048161 - Deceased Child, Female, | 048170 - Grandparent, Female, 53 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 048161 - Deceased Child, Female, | 048171 - Father, Male, 20 Year(s)        | DOA / Fatality          | Unsubstantiated    |
| 048161 - Deceased Child, Female, | 048171 - Father, Male, 20 Year(s)        | Inadequate Guardianship | Substantiated      |
| 048161 - Deceased Child, Female, | 048162 - Mother, Female, 22 Year(s)      | Inadequate Guardianship | Substantiated      |

### CPS Fatality Casework/Investigative Activities



|   | Yes                                 | No                                  | N/A                                 | Unable to Determine      |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed?  | <input type="checkbox"/>            | <input checked="" 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"/> |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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"/> |

**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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |

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 mother of the surviving sibling from the prior relationship declined ACS' offer for services.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The parents declined services.

## 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

#### Infant was born:

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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

The biological parents were listed in several closed cases as children. They did not have prior history as parents.

### Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

### Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

### Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes?  Yes  No

Are there any recommended prevention activities resulting from the review?  Yes  No