



Report Identification Number: NY-18-126

Prepared by: New York City Regional Office

Issue Date: Jun 07, 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: 1 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 12/04/2018
Initial Date OCFS Notified: 12/04/2018

Presenting Information

On 12/04/18, at approximately 7:25 AM, the SM awoke and found the SC with blood on her nose and she was unresponsive. The SM and SC had been co-sleeping. 911 was contacted by an unknown person in the home. LE and EMS responded to the case address and found the MGF administering CPR. EMS transported the SC to Coney Island Hospital (CIH), where she was pronounced dead at 8:18 AM. There were no visible injuries found on the SC's body and she was reported with no preexisting medical conditions that could have contributed to her death. The report alleged the SC was an otherwise healthy child and there was no plausible explanation for her death.

The SCR registered a subsequent report on the same day. The report alleged the MGF, with whom the SM and SC resided, was in the home at the time of the incident. The allegations added were DOA/Fatality and IG of the SC by the MGF.

Executive Summary

ACS initiated the investigation within the required timeframe by contacting LE, CIH and ME to retrieve information regarding the death of the SC. The information in the narrative was confirmed and LE reported they received the 911 call at 7:29 AM. EMS arrived and observed the MGF administering CPR, as instructed by the operator. ACS learned from LE that the SM fed the SC and placed her into an infant swaddle apparatus, prior to placing her to sleep in the adult bed. The SM denied she rolled over on the SC. LE reportedly removed the bed sheets and apparatus from the home. LE found no criminality and no arrest was made. The ME reported "no abnormal bruising was found on the SC" that indicated maltreatment or abuse. The teen SM had no other children.

On 12/4/18, the Specialist interviewed the MGF, MGM and SA, all of who reside in the home. ACS learned that the SM had safe sleep education; however, opted to co-sleep with the SC because the SC was fussy. The MGF and step-MGM advised the SM to administer an over-the-counter remedy at night because the SC was fussy and had difficulty falling asleep. The MGF and step-MGM had a crib next to their bed to aid with care; at times the step-MGM share their bed with the SC. The step-MGM stated the SM was a good mother and asked for guidance as needed. There were no concerns regarding the care the SM gave. The step aunt (SA) was asleep in her bed, in the bedroom they shared at the case address, at the time of the incident.

ACS learned from the family that the BF did not reside in the home, played no role in the SC's life and was no longer involved with the SM. ACS attempted to interview the BF to no avail.

The Specialist interviewed the MGM and MU who had a close relationship with the SM and SC. The SM returned to school and continued counseling via school staff.

On 12/5/18, the Specialist received information from the SC's Dr. who reported that during a well-baby visit on 12/2/18, the SC was given the second dose of the Hepatitis B vaccine. The Dr. reported no concerns for the care the SM provided as she had family support.

The family reported no mental health conditions. The SM reported she smoked marijuana outside of the home. ACS confirmed there were no reported domestic violence in the home.



The ME autopsy report listed the cause and manner of death undetermined (bed-sharing with adult on adult bed while swaddled). On 5/17/19, ACS substantiated the allegations DOA/Fatality and IG against the SM and unsubstantiated the allegations of DOA/fatality and IG against the MGF.

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? 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? 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:

Although the family declined services ACS kept the case open for CPS monitoring.

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: 12/04/2018

Time of Death: 08:18 AM

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

07:25 AM



County where fatality incident occurred: Kings
Was 911 or local emergency number called? Yes
Time of Call: 07:29 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:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	17 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	57 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	16 Year(s)
Deceased Child's Household	Other - Maternal step-grandmother	No Role	Female	52 Year(s)

LDSS Response

The SCR registered a report regarding the death of the SC that occurred on 12/4/18. The allegations of the report were DOA/Fatality and IG of the SC by the SM and the MGF. The report alleged the SC was an otherwise healthy infant with whom the SM was sharing a bed at the time of the incident.

Following the receipt of the report, ACS' Brooklyn Field Office contacted CIH and obtained information regarding the incident. ACS learned that the SC awoke at approximately 4:00 AM and the SM fed and swaddled the SC before placing her to sleep, face up, in the adult bed (futon) next to her. The SM awoke at 7:00 AM and observed blood coming from the SC's nostrils. The SM alerted the MGF and he initiated CPR while 911 was being summoned. EMS responded to the home and transported the SC to CIH, where she was pronounced dead at 8:18 AM on the same day.

On 12/4/18, ACS learned from the CIH staff, EMS, LE and the ME that the SC was found with no signs of maltreatment or abuse. LE reported the SM did not cry and appeared void of emotion. LE found no criminality and closed their investigation. The ME reported the SC was wrapped in a swaddle apparatus that displayed a suffocation warning label.



However, the ME found nothing suspicious and stated that the SM may have rolled over the SC. The ME's autopsy report listed the cause and manner of death of the SC's death undetermined (bed-sharing with adult on adult bed while swaddled).

On 12/4/18, ACS Specialist interviewed the SM and learned that the SC was vaccinated two days prior to her death. The SM initially denied she was given safe sleep education; however, she later recanted and stated she was given safe sleep information prior to the birth of the SC. The SC's Dr. reportedly spoke to the SM concerning bed sharing. ACS' documentation later revealed the MGF and the maternal step-grandmother (MSGM) reported the SM received safe sleep education. The SM reported she awoke at approximately 7:00 AM and observed the SC was not breathing, blood was around her nose and her head was lying in a puddle of sweat. The SM denied she rolled over on the SC.

On 12/4/18, the Specialist interviewed the household. The MGF and the SA's account of the incident was like that of the SM. The MSGM was on her way to work at the time of the discovery. The Specialist also interviewed the ten-year-old MU and use an interpreter to interview the MGM, who resided together at a separate location. The family provided support to the SM and they were distraught because of the SC's death.

On 12/5/18, ACS held a child safety conference and the SM reported she had stop smoking marijuana in the early stage of the pregnancy; however, she recently reconvened using three times per week. ACS' case documentation did not reveal whether the Specialist explored the details surrounding the SM's drug use the night before the SC's death. The family initially agreed to services and later declined. The SM will continue to engage in counseling at her school, as she felt comfortable with the school counselor.

The SM reported the BF had not been involved in the SC's life and his whereabouts was unknown. The SM later revealed the BF attended the SC's funeral service, despite an OP on her behalf against the BF. ACS' investigative consultant reported their search revealed no positive result for an OP against the BF. ACS' case documentation did not reveal whether the SM provided ACS with the OP. ACS attempted to contact the BF to no avail.

On 12/5/18, the Specialist received information from the SC's Dr. that the SC had a well baby visit and received a vaccination two days prior to her death. The Dr. reported the SC had been developing on target and there were no concerns regarding the care the SM provided; she had family support. The Dr. reported the SM had been informed of the dangers of bed-sharing. The MGF and MSGM had a crib located next to their bed to assist with caring for the SC. The school staff reported the SM was somber.

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 was no OCFS approved CFRT in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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050221 - Deceased Child, Female, 1 Mons	050223 - Grandparent, Male, 57 Year(s)	Inadequate Guardianship	Unsubstantiated
050221 - Deceased Child, Female, 1 Mons	050222 - Mother, Female, 16 Year(s)	Inadequate Guardianship	Substantiated
050221 - Deceased Child, Female, 1 Mons	050222 - Mother, Female, 16 Year(s)	DOA / Fatality	Substantiated
050221 - Deceased Child, Female, 1 Mons	050223 - Grandparent, Male, 57 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 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 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"/>



Child Fatality Report

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"/>
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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"/>

Explain:
The family declined services. The SM received services through the school counselor.

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:
There were no surviving siblings but there was a 17-year-old MA who turned 18 during the investigation.

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



Child Fatality Report

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 There was a seventeen-year-old SA who, resided in the home and turned eighteen-years-old during the investigation. The family declined all offers for services made by ACS.

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:
 There were no surviving siblings; however, there was a 17-year-old SA in the home who turned 18 during the investigation.

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

Explain:
 The family declined services offered by ACS.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

No



Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

On 11/15/11, the SCR registered a report with the allegation of EdN of the now adult uncle by the MGF and the MGM. At the time of that report, the SM resided in the household and was named in the report; however, she had no role. The investigation revealed that the SM had been attending school and doing well. According to the case documentation, the MGF and the MGM seek assistance from the school and planned for the now adult uncle to attend school. The allegations were unsubstantiated against the MGF and the MGM.

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

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