



Report Identification Number: NY-19-113

Prepared by: New York City Regional Office

Issue Date: Mar 20, 2020

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.



# Child Fatality Report

## Abbreviations

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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	ASTO-Allowing Sex Abuse to Occur	



# Child Fatality Report

## Case Information

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

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 10/05/2019  
**Initial Date OCFS Notified:** 10/05/2019

## Presenting Information

The 10/5/19 SCR report registered regarding the death of this male child stated the SC was pronounced dead at 7:40 AM on 10/5/19. The report alleged this was a sudden death, with no explanation and the death was not related to the SC's existing medical conditions. According to the narrative of the report, when the SM laid the SC in a "three-in-one playpen" at 2:30 AM on 10/5/19, the SC was fine. The playpen had proper bedding, including a mattress, blanket, and bed sheets. The SC woke on his own between 3:00 AM and 3:30 AM. The SM attended to the SC and placed him in the playpen. When the SM awoke at 6:30 AM to attend to the SC, the SC was not breathing and he had no pulse. The SM administered cardiopulmonary resuscitation and called 911. EMS responded at 6:50 AM.

## Executive Summary

The death of this one-month-old male occurred on 10/5/19 and was reported to the SCR on the same date. The allegations of the report registered by the SCR were DOA/Fatality and Inadequate Guardianship of the one-month-old child by the mother who was named as the subject of the report. The ME listed the cause of death as sudden infant death syndrome and the manner of death as natural.

ACS initiated the investigation in a timely manner and made contact with the family, and with medical and law enforcement personnel. ACS conducted exhaustive clearances of the adults in the home through multiple databases and systems and utilized their IC staff to assist the Specialist during the field investigation.

According to the mother on 10/4/19, as was her routine, she awoke at 6:30 AM to feed the SC and administer his medication. The mother said she then took the child to the hospital to have bloodwork done. Upon their return home the day progressed uneventfully. The mother said that at 9:00 PM she left to attend a birthday party and left the SC with the MGM; the mother returned at 2:00 AM. The mother said the MGM left at that time and she had a telephone conversation with the MGM while the MGM waited for the bus. During this time the child was awake and appeared well. The mother said shortly thereafter the child fell asleep and she placed him on his back in the pack and play and with a blanket across his chest as the room sometimes became too cold with the air conditioning. The mother said she had an alarm set for 6:30 AM on 10/5/19 and got up when the alarm went off. The mother said she began her preparation and returned to the bedroom to feed the child but noticed his stomach was not moving. The mother said she picked up the child, listened for a heartbeat, and when she could not detect one, she called 911 and began CPR. The documentation did not reflect the time of call or the position in which the child had been found. Additionally, there was no mention of the time the EMS arrived at the mother's home. The mother said when they arrived the technicians immediately began resuscitative efforts; however, this was to no avail. The child was pronounced dead at 7:40 AM.

ACS staff obtained a copy of the 911 call recording and it revealed the surviving sibling was awake and was asking about the infant. ACS also contacted medical personnel who provided details regarding the efforts to revive the child. The information obtained from the various collaterals and the mother remained consistent.

During the course of the investigation, ACS made contact with the children's pediatrician, the school the surviving sibling attended, the ME and law enforcement. Neither the pediatrician nor the school staff had any concerns regarding the care or safety of the surviving sibling. Law enforcement indicated no arrests would be made. The ME ruled the cause of death as Sudden Unexpected Infant Death, and the manner of death as natural.



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ACS continues to make visits to the home to assess the safety of the surviving sibling; there are no emergent safety concerns. ACS referred the family for bereavement counseling.

As of the writing of this report, the investigation which began on 10/5/19 has not yet been determined.

## 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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

### Explain:

ACS conducted assessments of safety during the visits and documented the surviving sibling was safe in the care of the mother. The safety decision on each assessment form accurately represented case circumstances. The 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?** No

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

### Explain:

As of the writing of this report, ACS had not yet made a determination regarding the allegations of the report.

## Required Actions Related to the Fatality

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

<b>Issue:</b>	Overall Completeness and Adequacy of Investigations
<b>Summary:</b>	While ACS initiated the investigation and made collateral contacts, salient details were missing from the exploration of the allegations; for example, not ascertaining the position in which the SC was found, and conditions of the room. Additionally, the documentation did not reflect a methodical



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approach to exploring the issue regarding the SC's medication; for example, the medication was prescribed on 9/17/19 but was not filled until 10/1/19. The Specialist did not establish how many pills were originally prescribed to determine if they were being correctly administered. Further there was no contact with the father of the SC.

**Legal Reference:** SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:** ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed; and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 10/05/2019

**Time of Death:** 07:40 AM

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

06:30 AM

**County where fatality incident occurred:**

New York

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

06:45 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

**How long before incident was the child last seen by caretaker?** 002 Hours

**At time of incident supervisor was:** Unknown if they were impaired.

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

**Children ages 0-18:** 01

**Adults:** 00

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	006 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)

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## LDSS Response

Upon receipt of the report on 10/5/19, the Specialist made contact with the source of the report to verify information and to assess the safety of the surviving sibling. ACS also made contact with the hospital and learned EMS arrived at the home at 6:50 AM, the SC arrived at the hospital at 7:11 AM and was moved to the trauma room in the ER. The SC was pronounced dead at 7:40 AM. ACS learned the infant had been born prematurely had delayed mobility and other medical conditions.

Case documentation reflected the IC accompanied the CPS to the hospital to obtain information and provided guidance regarding next steps.

On 10/6/19, the Specialist conducted an initial assessment of the home and documented there were adequate provisions for the children in the home. The SC had a "Pack and Play" which was being used. The home was equipped with a working smoke alarm and carbon dioxide detector. There were no pets and the window guards were properly installed. ACS staff also assessed the relationship between the surviving sibling and the mother and documented that the sibling did not appear to be scared in the home. The sibling reported the mother had a loving relationship with the SC whom she said the mother always kissed and hugged.

On 10/6/19, the Specialist interviewed the MGM who confirmed she had cared for the SC while the mother went to the party. However, the case documentation did not reflect the specialist asked about the mother's demeanor when she returned or if the mother had been drinking.

On 10/7/19 and 10/13/19, the Specialist completed Safety Assessments and documented there were no safety factors present in the home.

On 10/7/19, ACS staff conducted clearances and contacted the ME, the school the surviving sibling attended, and held a pre-Heightened Oversight Process (HOP) meeting. The ME reported the autopsy was completed but the findings were not finalized. The school staff indicated there were no concerns regarding the sibling. From the HOP conference the Specialist learned there was no criminality suspected and law enforcement would close their investigation once the toxicology report was received from the ME.

On 10/9/19, the Specialist returned to the family's home and re-interviewed the mother regarding the child's pre-existing medical condition. The staff explained the investigative process in detail and looked at the medication the SC had been taking; however, the documentation did not reflect a methodical approach to exploring the issue regarding the medication; for example, the medication was prescribed on 9/17/19 but was not filled until 10/1/19. The Specialist did not establish how many pills were originally prescribed to determine if they were being correctly administered. Further there was no contact with the father of the SC.

Between 10/18/19 and 3/2/20, the Specialist continued to visit the family's home and the sibling's school. No new information was obtained. The Specialist also continued to contact the ME for information regarding the autopsy.

On 3/3/20, the ME informed ACS the cause of death was Sudden Unexpected Infant Death and the manner of death was natural.

ACS has not yet made a determination on this report.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause



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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 reviewed by an OCFS approved Child Fatality Review Team? No

Comments: There is no 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
053581 - Deceased Child, Male, 1 Mons	053583 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Pending
053581 - Deceased Child, Male, 1 Mons	053583 - Mother, Female, 24 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:				



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

**Explain:**

The family was referred for bereavement services.

## 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 safety factors present that placed the surviving child in impending or immediate danger of serious harm; therefore, no safety interventions, including parent/caretaker actions were necessary.

## Legal Activity Related to the Fatality



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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"/>				
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"/>				
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"/>

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 counseling was provided to the surviving sibling.

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

Explain:

Bereavement counseling was provided to the mother and MGM.

## History Prior to the Fatality

### Child Information



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- 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

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

## 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