



Report Identification Number: NY-20-104

Prepared by: New York City Regional Office

Issue Date: May 17, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 9 day(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 11/20/2020
Initial Date OCFS Notified: 11/20/2020

Presenting Information

At approximately 7:00PM on 11/20/20, the mother placed the otherwise healthy 1-week old child down for a nap. At approximately 9:19PM, the mother noticed the child was not breathing and immediately sought assistance from law enforcement officers who performed CPR on the child and contacted EMS. Law enforcement transported the child to the hospital where medical staff pronounced her deceased at 9:23PM. The mother who was the sole caretaker at the time, did not provide any explanation for the child's death.

Executive Summary

This report concerns the death of a one-week-old female infant who died on 11/20/20. As of the writing of this report, the autopsy report had not been received. The allegations of the report were DOA/Fatality and Inadequate Guardianship of the one-week-old child and ACS later added Lack of Medical Care of the one year-old surviving male sibling by the mother.

At the time of the fatality, the SC and the one-year-old surviving sibling resided with the mother. The father resided with his legal wife and two children at a different address, but he was financially involved and supportive of the mother.

According to ACS's documentation, on 11/20/2020, the mother took the subject child to the hospital because the subject child was not feeling well. The subject child was medically assessed and discharged. At about 7:00PM, the mother tried to feed the subject child, but the subject child refused both breast milk and bottle. The subject child vomited, and then became unresponsive. The mother ran with the child from the home and stopped a passing police patrol car. Officers in the car initiated CPR and transported the subject child to the hospital where medical staff pronounced her deceased at 9:23PM. The final autopsy report was pending further studies; however, the ME did not report any evidence of foul play, abuse or neglect of the subject child.

ACS initiated the CPS investigation within the mandated timeframe and obtained information from the family and relevant collaterals such as the medical staff, and law enforcement. The information ACS obtained did not reveal the SC's death was indicative of abuse and law enforcement did not make any arrests. The mother did not report any preexisting medical condition for the subject child. ACS assessed the half siblings and deemed them safe in the care of their parents. Following the incident, the mother agreed to enter a family shelter to assist with obtaining legal stable housing.

During a home visit, ACS observed the surviving sibling experiencing abdominal discomfort. ACS escorted the family to the hospital where the surviving sibling was diagnosed with a gastrointestinal condition. The surviving sibling was given medication and discharged. The doctor advised the mother to change the surviving sibling's diet; however, the mother failed to comply. Also, the mother failed to follow up for the surviving sibling's medical appointments despite ACS's assistance with setting up reminders to ensure the surviving sibling attended his medical visits.

On 11/24/20, ACS held a child safety conference and the surviving sibling was removed from the mother's care; however, Family Court did not find any reason for the surviving sibling's removal and he was returned to his mother. ACS referred the family for PPRS services, but the mother and the surviving sibling moved out of jurisdiction to reside with family members.

On 2/19/2021, ACS substantiated the allegation of Lack of Medical Care of the surviving sibling by the parents. ACS based their decision on the parents' failure to comply with the medical recommendation to change the surviving sibling's



diet, and failure to follow up with the surviving sibling's medical appointments.

ACS unsubstantiated the allegations DOA/Fatality, and Inadequate Guardianship of the subject child by the parents on the basis of lack of credible evidence. The investigation confirmed the parents sought medical attention for the subject child on two occasions prior to her death. The medical staff reported there were no signs of trauma or physical injury to the subject child.

Throughout the investigation, ACS utilized language services to engage the family who had limited proficiency in English.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

Sufficient information was gathered to make determination for all allegations.

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:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion 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: 11/20/2020

Time of Death: 09:23 PM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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 was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **Around the house**

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	9 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	65 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	47 Year(s)

LDSS Response

Upon receipt of the report, ACS CPS made contact with appropriate collaterals to initiate the investigation.

On 11/21/2020, law enforcement reported the result of the autopsy did not show any trauma or injury to the subject child and there would be no arrests pending the receipt of the toxicology report from the ME. Law enforcement officers did not observe the mother to be under the influence of any drugs or alcohol at the time of the incident, and there were no concerns for the surviving sibling. The officers also stated the unrelated home member was not present in the home at the time of the incident, and described the family's home was clean, tidy, and organized. There was a Pack-n-Play in the home which



was free of any loose objects or pillows.

On 11/21/2020, the physician from the emergency room confirmed on 11/20/2020, the mother brought the subject child to the hospital because the child did not feel well. The subject child was medically assessed and discharged. There was no trauma to the subject child's body.

On 11/21/2020, the ME reported the autopsy was pending. There were no injuries to the subject child.

Also on 11/21/2020, the unrelated home member stated she was at work at the time of the incident and did not know the circumstances under which the subject child died. She denied any caretaking responsibility for the mother's children, and stated she had no concerns with the care the mother provided the children.

On 11/22/2020, the mother provided an account of events leading to the SC's death which was consistent with the information that was already known. The mother said she had a healthy pregnancy and received pre-natal care. The subject child did not have any allergies or medical diagnosis and was born full-term without complications. ACS discussed safe sleep practice with the mother and encouraged her to allow the surviving sibling to sleep in the Pack-n-Play. ACS did not document any concerns for the SS.

On 11/23/2020, ACS visited the family at the maternal grandmother's home. During the visit, ACS observed the surviving sibling having abdominal discomfort and escorted the surviving sibling and the mother to the emergency room for treatment. The surviving sibling was given medication and discharged. The mother stated the surviving sibling had a history of being constipated and the pediatrician encouraged her to change the sibling's diet to more fruits, and vegetables. The surviving sibling did not have any marks and bruises on his body. The mother, who was having issues with housing, agreed to move into a shelter.

On 11/24/2020, ACS held a child safety conference and the surviving sibling was removed from the mother's care; however, Family Court did not find any reason for the surviving sibling's removal and ordered the return of the child to the mother's care.

On 11/25/2020, ACS visited the father's home. The father denied drug/alcohol use. The BF's wife denied knowledge of the circumstances surrounding the death of the subject child. She also stated neither she nor the children had ever seen the mother or the mother's children. She stated there was no domestic violence in her relationship with her husband. ACS assessed the three surviving half siblings and deemed them safe in the father's home. The children did not report any concerns about their parents. They attended school via remote learning and were fully engaged.

Between 11/27/2020 and 1/19/2021, ACS made multiple casework contacts with the family, law enforcement, and hospital staff. There was no new information about the fatality. ACS reminded the mother of the importance of taking the surviving sibling to medical appointments.

On 1/19/2021, ACS visited the family. The surviving sibling appeared to be physically safe and was doing well. The mother provided documentation which indicated the surviving sibling was last seen for a medical appointment on 1/6/21. He was given a follow up appointment for 3/23/21.

On 2/3/2021, the case records reflected the mother and surviving sibling had relocated out of jurisdiction, to reside with family members.

On 2/19/2021, ACS substantiated the allegation of Lack of Medical Care of the surviving sibling by the parents. ACS unsubstantiated the allegations DOA/Fatality, and Inadequate Guardianship of the subject child by the parents.

Official Manner and Cause of Death



Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: There is no OCFS approved Child Fatality Review Team in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057001 - Deceased Child, Female, 9 Days	057002 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
057001 - Deceased Child, Female, 9 Days	057002 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
057007 - Sibling, Female, 1 Year(s)	057002 - Mother, Female, 35 Year(s)	Lack of Medical Care	Substantiated
057007 - Sibling, Female, 1 Year(s)	057004 - Father, Male, 47 Year(s)	Lack of Medical Care	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities



	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:
 During the course of the investigation, sufficient information was gathered to assess risk to all surviving children in the household.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain as necessary:
 ACS held a child safety conference and the surviving sibling was removed from the mother's care; however, Family Court did not find any reason for the sibling's removal and he was returned to his mother.

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

Other, specify: Department of Homeless Services

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

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