



Report Identification Number: NY-23-016

Prepared by: New York State Office of Children & Family Services

Issue Date: Jul 10, 2023

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 had an open investigation or a CPS monitored services 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 | DA-District Attorney | |
| 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 | SXTF-Sex Trafficking |
| 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: 5 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 02/06/2023
Initial Date OCFS Notified: 02/06/2023

Presenting Information

On 2/6/2023, The New York City Administration for Children's Services (ACS) received initial and subsequent SCR reports that alleged the death of the 5-month-old female subject child which occurred that day. On 2/5/2023, the mother and subject child were co-sleeping in the mother's bed and the mother observed the subject child appeared fine around 11:00 PM. Around 7:00 AM on 2/6/2023, the mother woke and noticed the subject child was unresponsive and not breathing. The mother and a friend who was staying at the home contacted 911. Law enforcement and emergency medical services responded to the home, attempted life-saving measures, and transported the subject child to the hospital where she was pronounced deceased upon arrival at 7:50 AM. The father did not reside in the home and was not in the home at the time of the incident; however, the mother and father had a history of co-sleeping in bed with the subject child.

Executive Summary

This report is regarding the death of the 5-month-old subject child which occurred on 2/6/2023. At the time of her death, the subject child resided with her mother. The biological father resided outside of the home since 1/14/2023 due to a stay-away order of protection and the record did not reflect if the father had contact with the child since that date.

On 2/5/2023, the mother and child were at home with the mother's friend. The mother and her friend split a bottle of wine and the mother drank 2-3 glasses. Between 10:00 PM and 12:00 AM, the mother put the baby to sleep on the mother's queen bed next to a pillow and laid on the other side of the bed to go to sleep herself. The baby was placed to sleep on her back. At an unknown time, the mother's friend looked into the bedroom and observed the baby sleeping on her back next to a pillow and the mother sleeping on her side on the other side of the bed.

On 2/6/2023, between 5:00 and 6:00 AM, the mother woke and read on her phone for about an hour. Around 7:00 AM, the mother contacted the child's babysitter to say she would be staying home and would not need a babysitter that day. After completing the call with the babysitter, the mother tried to engage with the child and found the child facedown on the bed and unresponsive. The mother picked the child up and the child's lips were blue, and she was not breathing. The mother called out to the living room and alerted her friend who responded to the bedroom and began to perform CPR on the child while the mother contacted 911.

First responders arrived at the home, started an IV and intubated the child before transporting her to the hospital where she was pronounced deceased at 8:20 AM. The attending emergency room physician stated the preliminary cause of death was Cardiorespiratory Distress, but it was unknown what caused that to occur.

ACS spoke with the medical examiner who stated an autopsy was completed on 2/7/2023; however, the final autopsy report and death certificate were unfinished, pending the results of toxicology testing. The medical examiner did not provide a preliminary cause or manner of death; however, stated that the pathology results were not leading to anything suspicious. Law enforcement also reported they deemed the death to be "non-suspicious" and there were no charges or arrests at the time the CPS investigation was closed. The law enforcement investigation remained open pending the final autopsy report and death certificate.

The allegations of DOA/Fatality and Inadequate Guardianship were unsubstantiated against the mother and the father, and the investigation conclusion narrative noted there was not a preponderance of evidence found to support the allegations



against either parent. Regarding the allegation of Inadequate Guardianship against the mother, the determination was incorrect. The record reflected the mother failed to exercise a minimum degree of care when she placed the child to sleep in an unsafe sleep environment. Aggravating factors, including the mother’s alcohol use and the presence of a pillow and an adult mattress in the child’s sleep environment, put the child at further risk of harm. The record did not reflect ACS asked any medical professional if the unsafe sleep environment could have been a factor in the fatality. The record reflected the mother and child co-slept in the mother’s bed with a pillow between them; however, did not reflect if there were other items in the bed including blankets, toys, or other pillows.

ACS offered services to the mother and father; however, neither parent had engaged with services by the close of the investigation on 3/18/2023.

PIP Requirement

ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

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?** N/A

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** No, sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** No

Explain:

The allegation of Inadequate Guardianship against the mother was incorrectly unsubstantiated. The record did not reflect pertinent details gathered regarding the child's sleep environment at the time of the fatality. ACS did not document if medical professionals were questioned about whether the unsafe sleep environment could have contributed to the death.

Was the decision to close the case appropriate? Yes

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:

ACS initiated a timely investigation and gathered information from family members and appropriate collaterals. The record reflected supervisory consultation throughout. The decision to close the case was appropriate as there were no surviving siblings or ongoing child safety concerns.



Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Pre-Determination/Nature, Extent and Cause of Any Condition |
| Summary: | The case was pre-determined to the assessment of the allegations. The record did not reflect any medical professional was asked if the unsafe sleep environment could have contributed to the death. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(iii)(c) |
| Action: | ACS will make an adequate assessment of the nature, extent and cause of any condition which may constitute abuse or maltreatment. |
| Issue: | Appropriateness of allegation determination |
| Summary: | ACS unsubstantiated the allegation of Inadequate Guardianship against the mother; however, the circumstances and information reflected in the case record supported substantiating the allegation. |
| Legal Reference: | FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv) |
| Action: | ACS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the New York City Regional Office if further guidance is needed. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/06/2023

Time of Death: 08:20 AM

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

Unknown

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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 | Deceased Child | Alleged Victim | Female | 5 Month(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 41 Year(s) |
| Other Household 1 | Father | Alleged Perpetrator | Male | 47 Year(s) |

LDSS Response

ACS initiated an investigation immediately upon receipt of the initial and subsequent SCR reports on 2/6/2023. ACS coordinated with law enforcement, alerted the District Attorney's office, conducted a search of CPS history, and gathered information from pertinent family and collateral sources.

The mother was interviewed alone and reported she had a friend at her home overnight from 2/5/2023 to 2/6/2023. The mother and her friend split a bottle of wine and the mother reported she drank two or three twelve-ounce glasses herself. The mother stated she contacted her job to tell them she would not be in on 2/6/2023 and sent the MGM a text message at 11:48 PM. The mother put the child to sleep on the mother's queen-sized mattress next to a pillow. The mother put the child to sleep on her back and then fell asleep herself on the other side of the bed on her side. There was a portable crib in the mother's bedroom and a stationary crib in the child's bedroom. The mother reported she was aware of safe sleep practices but placed the child to sleep on the adult bed with her as a matter of preference. The mother reported she woke around 7:00 AM on 2/6/2023 and contacted the child's babysitter to say she would be staying home and did not require the babysitter that day. The mother checked on the child and found her facedown on the mattress and unresponsive. The mother picked the child up and saw her lips were blue. The mother called for her friend who was in another room. The mother's friend responded to the mother's room and began to perform chest compressions on the child while the mother called 911. The mother reported no illness or medical concerns for the child in the days prior to the death. The mother stated there was a history of violent behaviors towards her from the father including an incident for which he was arrested. There was a stay-away OP and the father was not allowed to come to the home.

ACS interviewed the mother's friend via telephone. The mother's friend reported he had visited the family's home on 2/5/2023 to help the mother with the child while the mother did laundry which was in the basement of her apartment building. The mother's friend reported he opened and began to drink a bottle of wine during the evening of 2/5/2023 but was unsure if the mother drank as he did not specifically observe her doing so. The mother's friend stated the mother went to put the child to sleep around 12:00 AM and had stated she would return to talk after doing so. Shortly thereafter the mother's friend went and looked into the bedroom and saw the child sleeping on her back next to a pillow and the mother sleeping on her side on the other side of the mother's queen-sized bed. The mother's friend then went to sleep and did not wake until the mother called out that the baby was unresponsive, sometime between 7:00 AM and 8:00 AM on 2/6/2023.

ACS contacted the father of the child via telephone. The father declined to meet in person and declined to answer many of ACS's questions. The father reported the mother drank alcohol frequently; however, he had no specific information regarding the child's fatality as he had not been in the home for weeks at that time.

ACS contacted the child's pediatrician who stated the child's last office visit was 12/26/2022 when the child had an eye condition. Medication was prescribed and there were two follow-up contacts with the mother via telephone on 1/13/2023 and 1/17/2023, during which the mother reported the child was doing well. The pediatrician further reported the child had been seen on 12/12/2023 and prescribed a nebulizer for a virus which was common for babies.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown



Multidisciplinary Investigation/Review

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

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

Comments: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 064172 - Deceased Child, Female, 5 Mons | 064173 - Mother, Female, 41 Year(s) | DOA / Fatality | Unsubstantiated |
| 064172 - Deceased Child, Female, 5 Mons | 064173 - Mother, Female, 41 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 064172 - Deceased Child, Female, 5 Mons | 064174 - Father, Male, 47 Year(s) | DOA / Fatality | Unsubstantiated |
| 064172 - Deceased Child, Female, 5 Mons | 064174 - Father, Male, 47 Year(s) | Inadequate Guardianship | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Responders | <input type="checkbox"/> | <input checked="" 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"/> |
| 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"/> |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

| |
|---|
| Have any Orders of Protection been issued? No |
|---|

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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

ACS referred both parents to appropriate services in response to the fatality.



History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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 type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs |
| <input type="checkbox"/> Used marijuana | <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> With a positive toxicology | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none 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

There was 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?

- Family Court Criminal Court Order of Protection

Criminal Charge: Assault **Degree:** 3

| Date Charges Filed: | Against Whom? | Date of Disposition: | Disposition: |
|---------------------|---------------|----------------------|--------------|
| 01/13/2023 | The father | Unknown | Unknown |



| | |
|------------------|--|
| Comments: | The father was arrested and charged with Assault in the 3rd degree with intent to cause physical injury. |
|------------------|--|

Have any Orders of Protection been issued? Yes

| | |
|-------------------------|-----------------------|
| From: 01/14/2023 | To: 07/28/2023 |
|-------------------------|-----------------------|

Explain:
There was a full stay-away OP against the father.

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