



Report Identification Number: NY-23-019

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

Issue Date: Jul 24, 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: 1 month(s)

Jurisdiction: Richmond
Gender: Female

Date of Death: 02/11/2023
Initial Date OCFS Notified: 02/11/2023

Presenting Information

On 2/11/2023, the New York City Administration for Children's Services (ACS) received an SCR report that alleged the death of the 1-month-old female subject child which occurred that day. Sometime between 1:00 and 5:00 AM, the subject child was removed from her crib and placed in the bed of the mother and father. At approximately 5:45 AM, the mother woke and observed the subject child was purple in color and not breathing. The mother contacted emergency services and performed CPR on the subject child with the aid of the maternal grandmother. First responders arrived at the home around 5:50 AM, performed CPR on the subject child, and transported the subject child to the hospital. Life saving measures continued at the hospital; however, the subject child was pronounced deceased at 6:39 AM. It was believed that the unsafe sleeping conditions contributed to the death.

Executive Summary

This report is regarding the death of the 1-month-old subject child which occurred on 2/11/2023. At the time of her death the subject child resided with her mother, father, and 1-year-old surviving sibling.

The family was out of town on vacation from 2/5/2023 to 2/10/2023. The family returned home in the early afternoon of 2/10/2023. The mother fed formula to the subject child around 1:00 PM, 5:00 PM, and 9:00 PM. The surviving sibling was put to sleep on his toddler bed in his own bedroom around 7:00 PM. The father went to sleep in the parents' bedroom in a king-sized bed with a soft mattress topper around 12:00 AM on 2/11/2023. The mother fed the subject child once more around 1:00 AM, swaddled the subject child, and put her to sleep face-down in her bassinet.

At some time when the subject child woke, the mother removed the subject child from her bassinet to put her to sleep face-down between the mother and the father in the parents' bed. The mother provided varying accounts of when she moved the subject child and reported to the medical examiner she did not remember doing so. The mother woke again around 5:40 AM and found the subject child face-down on the mattress between the mother and father. The mother woke the father, and the parents noticed the subject child was unresponsive, cold, and purple in color. The father began to perform CPR and the mother called for the maternal grandmother who lived on another floor of the multi-family home. The maternal grandmother responded to the bedroom and helped perform CPR on the subject child while the mother called 911.

First responders arrived at the home and took over life-saving efforts. The subject child was intubated and given multiple doses of epinephrine. The subject child was transported to the hospital via ambulance where life-saving efforts were continued; however, the subject child was pronounced deceased at 6:39 AM. The attending hospital physician reported there were no signs of abuse or trauma observed on the subject child.

On 2/13/2023, an autopsy was performed and the medical examiner reported there were no signs of trauma or injury observed during the examination. As of the closure of the CPS investigation, the final autopsy report and death certificate remained pending, and the medical examiner did not provide a preliminary cause or manner of death. ACS spoke with law enforcement and learned there were no arrests or charges related to the death; however, the law enforcement investigation remained open pending the final autopsy report and death certificate.

The allegations of Inadequate Guardianship were substantiated against the mother and father regarding the subject child. The investigation conclusion narrative noted mother and father routinely co-slept with the subject child in their adult bed,



despite knowing the dangers of the unsafe sleep environment. The allegations of DOA/Fatality were unsubstantiated against the parents regarding the subject child as the official cause and manner of death were yet unknown at the time the CPS investigation was closed.

ACS offered bereavement services which were initially declined by the family. A child safety conference was held; after which, the family agreed to voluntary preventive services which remained ongoing at the time this report was written. The family was referred to early intervention services, mental health counseling, and family counseling.

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:

The investigation conclusion and closing safety assessment appropriately reflected the information contained in the case record.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

Casework activity was commensurate with case circumstances and met regulatory requirements. The case was appropriately opened for preventive services.

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: 02/11/2023

Time of Death: 06:39 AM

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

Unknown

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

Yes

Time of Call:

05:45 AM

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	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Grandparent	No Role	Female	53 Year(s)
Other Household 2	Aunt/Uncle	No Role	Female	21 Year(s)

LDSS Response

ACS initiated their investigation immediately upon receipt of the SCR report on 2/11/2023. ACS responded to the family's home and the hospital to gather information and interviewed family members, neighbors, law enforcement, hospital staff, and the medical examiner. The district attorney's office was made aware of the fatality and a thorough search was made of the family's CPS history.

The mother and father were interviewed separately and provided similar accounts of the events leading up to the death of the subject child. The family had been on vacation and returned home on 2/10/2023, in the early afternoon. The mother fed the subject child 4oz bottles of formula around 1:00 PM, 5:00 PM, and 9:00 PM. The father went to sleep around 12:00 AM on 2/11/2023, and the mother stayed awake to feed the subject child. The mother fed the subject child around 1:00



AM, swaddled the child, and placed her to sleep face-down in her bassinet. The mother reported the subject child woke immediately and she removed the child from her bassinet and placed her to sleep in the adult bed between the mother and the father, again face-down. During another interview, the mother did not specify at what time she moved the subject child. When speaking with the medical examiner, the mother reported she must have moved the subject child but did not remember doing so. The mother reported she woke around 5:40 AM and observed the subject child face-down between the mother and father in the adult bed. There were no blankets, pillows, or arms on or around the subject child; however, the mattress had a soft mattress topper. The mother noticed the subject child was not responsive and woke the father who noticed the subject child was not breathing and was purple in color. The father began to perform CPR and the mother called out for the maternal grandmother who responded to the room and aided in providing CPR to the subject child. Emergency medical services were contacted and responded to the home.

The parents reported no immediate health concerns for the subject child. The subject child had been suffering congestion since birth; however, the parents had been told by the pediatrician this was not abnormal. The subject child was last seen by the pediatrician five days after her discharge from the hospital for a weight-check and there were no immediate medical concerns at that time.

The parents reported they had been educated on safe sleep practices by the children’s pediatrician; however, they routinely co-slept with the subject child between them on the adult bed. The parents stated they had done so with the surviving sibling without issue. The parents reported they were aware that co-sleeping with the children was dangerous but did not believe the result could be death.

ACS interviewed the maternal grandmother, maternal grandfather, maternal aunt, and two maternal uncles; all of whom denied any specific concerns for the subject child or surviving sibling in the care of the parents. The maternal grandmother provided a similar account of the events of the morning of 2/11/2023.

ACS assessed the surviving sibling to be safe in the home and in the care of the parents. Proper sleeping arrangements were observed for the surviving sibling and the parents agreed to always follow safe sleep procedures.

ACS interviewed the pediatrician for the subject child and surviving sibling. The pediatrician stated there were no immediate health or safety concerns for the subject children in the care of the parents and verified the parents were educated regarding safe sleep practices.

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: The NYC area does not have an OCFS-approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

064281 - Deceased Child, Female, 1 Mons	064282 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
064281 - Deceased Child, Female, 1 Mons	064283 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
064281 - Deceased Child, Female, 1 Mons	064283 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
064281 - Deceased Child, Female, 1 Mons	064282 - Mother, Female, 23 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>



Child Fatality Report

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:
The family accepted voluntary preventive 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 as a result of information uncovered during the fatality investigation?	<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.

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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: Preventive Services							

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:
The family accepted voluntary preventive services and ACS has made referrals for early intervention, family counseling, and mental health counseling.

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

Explain:
The family accepted voluntary preventive services and ACS has made referrals for early intervention, family counseling, and mental health counseling.

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:

- Had medical complications / infections
- Had heavy alcohol use
- Misused over-the-counter or prescription drugs
- Smoked tobacco



- Experienced domestic violence
- Had a positive toxicology at the time of delivery
- Used marijuana
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- 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

An SCR report dated 8/13/2019 alleged Inadequate Guardianship against the mother, maternal grandmother, and 2 adults unrelated to this report regarding 5 children unrelated to this report. It was alleged the children were allowed to play near an unsafe staircase and one had fallen down the stairs. The report also alleged the mother had choked one of the children and would put a blanket over the children and would not take it off. The children denied any violence or physical discipline from the mother and all allegations were unsubstantiated.

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? 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