



**Report Identification Number: NY-23-070**

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

**Issue Date: Dec 06, 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

<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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 11 month(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 07/15/2023  
**Initial Date OCFS Notified:** 07/15/2023

## Presenting Information

On 7/15/2023, The New York City Administration for Children's Services (ACS) received an SCR report regarding the death of the 11-month-old subject child which occurred that day. The SCR report alleged the mother fed the subject child around 7:00 AM on 7/15/2023 and sat with the subject child in her adult bed. The report alleged that some time later, the mother and subject child fell asleep in the mother's bed. The subject child fell asleep on his back, facing up. Around 11:00 AM, the mother noticed the subject child felt cold and his lips were blue. The mother contacted 911 and the fire department first responded to the home and started cardiopulmonary resuscitation. Emergency medical services arrived shortly thereafter, took over resuscitation efforts, and transported the subject child to the hospital where he was pronounced deceased at 11:52 AM. The SCR report noted the mother did not have an explanation for the subject child's death.

## Executive Summary

This report concerns the death of an 11-month-old subject child which occurred on 7/15/2023. At the time of his death the subject child resided with his mother, father, 12-year-old maternal half-sibling, and 9-year-old paternal half-sibling. The paternal half-sibling resided out of state with her mother and was visiting the family in New York for the summer. The record was unclear what contact the maternal half-sibling had with her father or where that father lived. The surviving half-siblings were assessed to be safe in the care of the mother and father. The paternal half-sibling was further assessed to be safe in the care of her mother after she returned to her primary residence out of state.

The subject child was diagnosed since birth with patent ductus arteriosus, a heart defect; and pyelectasis, a disease in which urine collects in the kidney. The parents were concerned for the subject child's health in the days prior to the fatality. The subject child was eating very little, and his eyes were rolling back in his head. The parents had the subject child seen by his urologist on 7/11/2023 and discussed a potential surgery regarding the child's kidney issues. On 7/13/2023, the parents were still concerned for the subject child's health and brought the subject child to his pediatrician. The pediatrician found the subject child was well during the visit and began the referral process for a neurology appointment.

Around 7:00 AM on 7/15/2023, the subject child woke. The mother tried to feed the subject child a bottle of formula; however, the child ate very little. The child slept overnight in his crib and the mother moved the subject child to her adult bed after feeding. The mother placed the subject child in a c-shaped pillow on his back. At some point the subject child rolled to his side. The mother stayed in the bed but did not go back to sleep. Around 11:00 AM, the mother felt the subject child and noticed he was cold and unresponsive. The mother alerted the half siblings who contacted 911. First responders arrived at the home, initiated life-saving efforts, and transported the subject child to the hospital where he was pronounced deceased at 11:52 AM.

Hospital staff noted the subject child arrived via ambulance unresponsive and in cardiac arrest. There were no findings of external injury. Hospital staff noted no concerns for the parents' care of the subject child. The attending physician noted the immediate cause of death was cardiac arrest. Hospital staff reported the medical examiner had no concerns for abuse or neglect related to the subject child's death.

Law enforcement reported they arrived at the home shortly after first responders and observed no safety concern in the home. Law enforcement reported the parents were appropriate in seeking medical attention for the subject child when



concerned for his health. There were no charges or arrests related to the fatality at the time the CPS case was closed; however, the record did not reflect if the law enforcement investigation remained open at that time. An autopsy was completed on 7/16/2023. The medical examiner noted in the final autopsy report that the cause of death was "complications of congenital vesicoureteral reflux including acute pyelonephritis" and the manner of death was "natural."

The allegations of DOA/Fatality and Inadequate Guardianship were unsubstantiated against the mother regarding the death of the subject child. The Investigation Conclusion Narrative noted there was not a preponderance of evidence gathered to support that the mother was responsible for the death of the subject child.

ACS provided fatality related services to the family including bereavement counseling and burial assistance. The paternal half-sibling returned to her home state and ACS coordinated service referrals with CPS in that state.

## 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:

ACS conducted an investigation that met regulatory guidelines. The allegations were determined in accordance with the information gathered and the case was appropriately closed.

**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:

Caseworker activity was commensurate with case circumstances and the case was closed appropriately upon the completion of relevant investigative activities.

## 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: 07/15/2023

Time of Death: 11:52 AM

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

Unknown

County where fatality incident occurred:

Queens

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	Male	11 Month(s)
Deceased Child's Household	Father	No Role	Male	52 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Other Child - maternal half-sibling	No Role	Female	12 Year(s)
Other Household 1	Other Child - paternal half-sibling	No Role	Female	9 Year(s)

### LDSS Response

ACS initiated an investigation immediately upon receipt of the 7/15/2023 SCR report. ACS coordinated with law enforcement, assessed the surviving half-siblings to be safe in the care of their parents, interviewed all home members, and gathered information from pertinent collateral sources.

The mother and father were interviewed separately regarding the events leading to the fatality. Both parents reported they were concerned for the subject child's health in the week leading up to his death as he was barely eating, and his eyes were rolling back into his head. The parents reported they brought the subject child to appointments with his urologist and his



pediatrician and neither practice recommended the child be hospitalized. The mother stated that on 7/15/2023, she and the subject child awoke around 7:00 AM as usual and she attempted to feed the subject child; however, he drank very little of his formula. The mother stated the subject child slept overnight in his crib which was next to the parents' bed in their bedroom. After feeding the subject child, the mother placed him on the parents' bed, on his back, with a c-shaped pillow. The mother stated she stayed in the bed with the subject child but did not fall back to sleep. The mother reported that she checked on the subject child around 11:00 AM, felt that his body was cold, and that he was unresponsive. The mother stated she panicked and called out for the half-siblings who contacted 911. The mother reported she attempted CPR prior to the arrival of first responders. The father stated he was not home at the time of the incident but had no concerns whatsoever for the mother's care of the subject child.

The half-siblings were interviewed separately and provided a similar account of the events of 7/15/2023. Both half-siblings stated the subject child had been unwell in the week leading up to his death and reiterated he was not eating and was fussy. The half-siblings reported the mother called out on the morning of 7/15/2023 to say there was something wrong with the subject child and they ran to the parents' room. The half-siblings stated they contacted 911 because the mother told them to call and reported the 911 operator instructed them on how to perform CPR, which they relayed to the mother. The half-siblings stated they always observed the subject child sleeping alone, on his back, and in his crib which was located in the parent's bedroom. The half-siblings reported feeling safe and well-cared for with the mother and father.

ACS coordinated with out-of-state CPS and the paternal half-sibling was assessed to be safe in the care of her mother upon her return home. ACS and out-of-state CPS discussed service recommendations including bereavement and mental health counseling for the paternal half-sibling and the out-of-state agency reported those services would be explored with the half-sibling and her mother.

There was a discrepancy with the mother's account and the initially reported concern that the mother fell asleep with the subject child on the morning of 7/15/2023, ACS questioned law enforcement and hospital staff who gathered information from the mother on the day of the fatality. All collateral sources reported the mother's story remained consistent and that she did not fall asleep in the bed with the subject child on the morning of his death.

ACS gathered information from the subject child's urologist and pediatrician and verified the subject child was seen on 7/11/2023 and 7/13/2023 due to the parents' concerns for his health. Records gathered from the practices showed the parents were concerned for the subject child's medical issues, brought the child for all of his appointments, and followed medical guidance for the subject child.

### Official Manner and Cause of Death

**Official Manner:** Natural

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

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

**Comments:** NYC does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation
-------------------	------------------------	---------------	------------



		<b>Outcome</b>	
065475 - Deceased Child, Male, 11 Month(s)	065494 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
065475 - Deceased Child, Male, 11 Month(s)	065494 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------



# Child Fatality Report

harm, were the safety interventions, including parent/caretaker actions adequate?

### 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:**  
Appropriate services were offered to the family in accordance with service needs identified throughout the investigation.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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:**  
ACS referred the maternal half-sibling to bereavement and mental health services and coordinated with out-of-state CPS to provide services to the paternal half-sibling.

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

**Explain:**  
ACS referred the parents to bereavement services and provided burial assistance.

### 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
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- 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

With fetal alcohol effects or syndrome

Exhibiting withdrawal symptoms

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 know 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