



**Report Identification Number: NY-23-085**

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

**Issue Date: Jan 16, 2024**

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:** 4 month(s)

**Jurisdiction:** Richmond  
**Gender:** Female

**Date of Death:** 09/13/2023  
**Initial Date OCFS Notified:** 09/13/2023

## Presenting Information

The Administration for Children's Services received an SCR report which alleged that on 9/13/2023, the 4-month-old subject child was found unresponsive after being put to sleep in a stroller. Emergency medical services arrived at the home to provide lifesaving efforts; however, they were unsuccessful, and the subject child was pronounced deceased at the hospital. This was an otherwise healthy child, and the parents had no explanation for her death.

## Executive Summary

This fatality report concerns the death of a 4-month-old female subject child that occurred on 9/13/2023. The SCR report contained allegations of DOA/Fatality and Inadequate Guardianship against the subject mother and father regarding the subject child and Inadequate guardianship regarding the twin surviving sibling. There was also an allegation of Inadequate Guardianship against the subject mother regarding the 4-year-old surviving half-sibling who resided with their biological father. At the time of her death, the subject child resided with the subject parents and the 4-month-old twin surviving sibling. The subject father had prior CPS history.

The Administration for Children's Services (ACS) collaborated investigative efforts with law enforcement and learned that on 9/13/2023 the subject child was home asleep with the subject parents and twin surviving sibling. The subject father woke for the day between 6:30AM and 7:00AM and went to check on the children. The subject father found the subject child in the stroller unresponsive, stiff, and cool to the touch with what looked like milk around her nose and mouth. The subject father woke the mother and called 911. Emergency medical services arrived at the home, took over lifesaving efforts, and then transported the subject child along with the mother to the hospital. Lifesaving efforts continued at the hospital; however, were unsuccessful and the child was pronounced deceased at 8:14AM.

An autopsy was performed, and the cause and manner of death were pending at the time this report was written; however, the medical examiner reported the child did not have any obvious signs of trauma to her body and appeared well-nourished. The medical examiner stated the subject child's death could be related to unsafe sleep practices based upon how the child was found, but further tests were pending. Law enforcement conducted a criminal investigation which remained pending at the time this report was written pending the final autopsy report.

ACS substantiated all allegations and indicated the investigation against both subject parents. The surviving twin sibling was removed from the subject parents' custody and placed in foster care after a neglect petition was filed because of the parents' failure to exercise a minimal degree of care specifically around medical care. The 4-year-old surviving half-sibling remained with her biological father and he was awarded full custody of that child.

## 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 determination was made in congruence with the evidence gathered.

**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:**

There was detailed documentation in the case record of supervisory consult and the decision to close the case was made commensurate with the case circumstances. Casework activity was not commensurate with case circumstances. ACS learned that the parents failed to provide the children with medical care; however, ACS did not add the allegation LMC to the report.

**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:** 09/13/2023

**Time of Death:** 08:14 AM

**County where fatality incident occurred:**

Richmond

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

Yes

**Time of Call:**

08:00 AM

**Did EMS respond to the scene?**

Yes

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

Unknown

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant



Playing  
 Other

Eating

Unknown

**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	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Month(s)
Other Household 1	Other - SS's BF	No Role	Male	27 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	4 Year(s)

**LDSS Response**

Upon receipt of the initial SCR report on 9/13/2023, ACS initiated their response within 24 hours and coordinated their investigation with LE. ACS received two additional subsequent reports with the same allegations and concerns on the same day. ACS spoke with collateral contacts, interviewed the family members, and immediately assessed the safety of the surviving siblings.

ACS interviewed the parents separately and learned that on 9/12/2023 the SM fed the SC and twin SS formula bottles between 11:00AM and midnight and then laid the children down to sleep in their normal sleeping arrangements. The SC's normal sleeping area consisted of a toddler sized stroller to which the SC would be placed on top of a blanket on her stomach with a "neck pillow" under her head. The twin SS's normal sleeping area consisted of his infant car seat to which he was placed in a seated position in the car seat. The SM then went to bed and a short time later the SF went to bed. The housing situation consisted of a studio apartment where the parent's bed was in the same room as where the children slept on a routine basis. On 9/13/2023 between 6:30 AM and 7:00 AM the SF woke for the day and went to check on the children, with the SC being first. The SF found the SC cool to the touch, stiff, and unresponsive. The SF yelled to the SM, who ran to the SC. The parents called 911 and initiated CPR via 911 dispatcher instructions. The twin SS who was present at the time was alert and awake during the incident. EMS arrived at the home minutes later and continued lifesaving efforts. The SC along with the SM were transported to the hospital. Lifesaving efforts continued; however, were unsuccessful and the SC was pronounced deceased at 8:14AM.

ACS learned that the SC and twin SS were born at 31 weeks gestation in a hotel room, and delivered by the SF. Both children were taken to the hospital and stayed for approximately 7 weeks in the Neonatal Intensive Care Unit (NICU). When the children were discharged from the hospital, the twin SS was discharged first and then a short time later the SC was discharged. The SC and SS had multiple diagnoses that needed to be followed up on after being discharged from the NICU. These follow up appointments were scheduled by the hospital, subject parents were advised of them, and the SM signed off on the discharge paperwork citing the scheduled appointments. The parents failed to ensure the SC and the twin SS were taken to those appointments or be seen by any medical provider until the SC died.

Due to the subject parents' failure to provide a minimal degree of care for the children, the twin SS was placed in foster



care and the 4yo half SS's biological father was given full custody of that child. The family was offered fatality-related services, and an open foster care services case was initiated. Although ACS received information that the subject parents failed to meet a minimal degree of care regarding medical appointments and follow-up care for the SC and SS, ACS did not add the allegation of lack of medical care to the case. The CPS case was closed and indicated on 11/13/2023.

### 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 referred to an OCFS approved Child Fatality Review Team?**No

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065892 - Deceased Child, Female, 4 Month(s)	065893 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
065892 - Deceased Child, Female, 4 Month(s)	065894 - Father, Male, 30 Year(s)	DOA / Fatality	Substantiated
065892 - Deceased Child, Female, 4 Month(s)	065893 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
065892 - Deceased Child, Female, 4 Month(s)	065894 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
065895 - Sibling, Male, 4 Month(s)	065893 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
065895 - Sibling, Male, 4 Month(s)	065894 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
065896 - Sibling, Female, 4 Year(s)	065893 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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"/>

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

### Placement Activities in Response to the Fatality Investigation



	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> ACS filed a 1022 petition requesting the removal of the twin SS from the subject parents' care. The remand was granted by the judge and the child was placed in foster care on 9/15/2023. The subject parents were aware the SC and SS were born prematurely and needed necessary medical follow up and the parents failed to take the children to the appointments. The 4yo half SS remained in her biological father's care with a court order showing he had been given custody.				

**Legal Activity Related to the Fatality**

**Was there legal activity as a result of the fatality investigation?**

- Family Court
  Criminal Court
  Order of Protection

<b>Family Court Petition Type: FCA Article 10 - CPS</b>		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
09/15/2023	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	065893 Mother Female 24 Year(s)	
<b>Comments:</b>	ACS filed an article 1022 petition against the subject parents and placed the twin SS in foster care and the 4yo half SS in her biological father's care.	

**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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>





<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**

The twin SS was removed from the subject parents' custody and placed in foster care.

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

**Explain:**

The subject parents were offered fatality-related services in addition to foster care services due to the removal of the twin SS.

### 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

**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 were four indicated CPS investigations from 9/2012-4/2014 with allegations of IG, PD/AM, IF/C/S, and EDN



against the subject father who was listed as a parent substitute to his then girlfriend's children. All reports had similar concerns and they were regarding substance misuse in the presence of the children, unstable housing with multiple evictions and not ensuring the children attended school regularly.

### 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