



**Report Identification Number: NY-24-008**

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

**Issue Date: May 06, 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:** 26 day(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 01/31/2024  
**Initial Date OCFS Notified:** 01/31/2024

## Presenting Information

An SCR report was received on 1/31/24, alleged the SM breast fed the SC at 3:30AM, swaddled her and put her back in her crib at 4:00AM. At 7:00AM, the SM found the SC in her crib not breathing and cold to the touch. The SM immediately brought the SC to the SF and he began CPR. EMS arrived at the home and the SC was brought to the hospital at 7:30AM. The SC was pronounced dead at 7:46AM. The SC was an otherwise healthy child. The parents had no explanation for the SC's death.

## Executive Summary

An SCR report was received on 1/31/24, regarding the death of the 26-day-old female subject child. The SCR report contained allegations of Inadequate Guardianship and DOA/Fatality against the subject mother and subject father. At the time of her death, the subject child resided with her mother, father, and surviving siblings, ages 7, 5, and 1 years old. ACS immediately assessed the safety of the surviving siblings and determined they were safe in their parents' care.

ACS coordinated their investigation with law enforcement and learned on 1/31/24, the parents found the subject child unresponsive in her crib. The subject mother went to check on the subject child because the subject child had not woken up. The subject mother observed blood on the subject child's nose and saw she was not breathing. The subject mother brought the subject child to the subject father. He contacted 911 and attempted CPR. EMS arrived and continued CPR until they arrived at the hospital where the subject child was pronounced deceased at 7:46AM.

Throughout the course of the investigation, ACS attempted three times to contact the medical examiner, but attempts were unsuccessful. The hospital explained to ACS, the family did not consent to an autopsy; however, hospital staff stated there was nothing suspicious observed from the nasal swab test and skeletal screening that was performed. The X-rays showed no fractures and based on the family's account, the incident was thought to be accidental.

ACS spoke with law enforcement. An officer stayed at the home with the subject mother and surviving siblings while the subject father and subject child were brought to the hospital. The officer was able to observe the bedroom to have a bunk bed with only a bottom mattress, where the 7- and 5-year-old surviving siblings slept. There was a queen-size bed the subject father and 1-year-old surviving sibling shared. The living room was observed to have a couch and crib. Law enforcement reported the couch was not big enough for two people to sleep side by side. Law enforcement observed the crib to have a thick blanket that did not appear appropriate for the SC to be swaddled in. Law enforcement observed blood in the hallway and blood in the bedroom from when the subject child was brought to the subject father. Another law enforcement officer reported he learned the subject child was swaddled with two blankets, one light and one thick. He stated he did not think the subject child needed to be swaddled in such a thick blanket. Law enforcement did not suspect any foul play and felt the incident was an accident. It was determined law enforcement would not take any action.

ACS offered the family bereavement services and burial assistance and the family declined both. ACS completed a referral for Early Intervention for the 1-year-old surviving sibling. It was unclear if the service was utilized. ACS appropriately substantiated the allegation of Inadequate Guardianship and DOA/Fatality against the subject mother and subject father regarding the subject 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 decision to close the case was appropriate.

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 the case circumstances.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 01/31/2024

Time of Death: 07:46 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?** Unknown

**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	26 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)

**LDSS Response**

Upon receipt of the SCR report, ACS initiated their investigation within 24 hours and coordinated their efforts with law enforcement. ACS contacted the source of the report, reviewed prior CPS history, notified the district attorney and attempted to reach the medical examiner. ACS immediately assessed the surviving siblings to be safe in the home and in the care of their parents.

ACS spoke with the parents who reported the SM and SC slept in the living room while the SF slept in the bedroom with the SSs. The night of the incident, the SM and SC were on the couch. The SC's crib was next to the couch. The SM fed the SC around 11:00PM then laid on the couch and put the SC on top of her. At some point, the SM laid the SC on the couch next to her. The SM reported the 1yo SS came to sleep with her in the middle of the night and she shifted with the SC to the other side of the couch. During the night, the 1yo SS went back into the bedroom. Throughout the night, the SM periodically fed the SC, and everything was normal with the SC. The last feeding was at 3:30AM after which, the SM swaddled the SC and put her in her crib. The SM reported when she laid back down on the couch, she felt it was a little wet but thought it was just breast milk. The next morning, the SM woke up around 6:45AM and was getting the older children ready for school. She felt the SC would have woken up from the noise and went to check on the SC in the crib. The SM reported the SC was still on her back in the same position she was the night before. The SM un-swaddled the SC and found her to be cold and unresponsive. The SM saw blood coming out of the SC's nose and brought her to the SF, who called 911. While waiting for EMS, the SF administered CPR. The SF accompanied the SC to the hospital and the SM stayed home with the SSs. The SF reported the same events as the SM and added that before he went to bed, he observed the SC to appeared normal and responsive. When he went into the living room with the 1yo SS in the middle of the night, he asked the SM to move for the SS and she and the SC shifted to the other end of the couch. He observed the SC was still responsive at that time. He stated the next morning, he saw blood on the couch and went to check on the 1yo SS, because it



was where the 1yo SS had been laying the night before. The SF heard the SM call for him, and she ran the SC to him in the bedroom. He brought the SC back to the living room, called 911 and began CPR. ACS asked the SM about safe sleep practices, and she reported that she was told about safe sleep practices by the nurses at the hospital. The SF reported that normally the SC was in her crib while sleeping and not on the couch.

ACS spoke with the PGF, who reported no concerns for the family. He did not have any information to provide regarding the SC passing. ACS interviewed the 7yo SS; however, due to his developmental level, he was unable to provide any insight as to his experience observing his parents with the SC. ACS spoke with the 5yo SS, who reported the SC died. He reported his parents were nice and always took care of the SC. He was unable to provide any insight regarding the incident. The 1yo SS was unable to be interviewed due to his age.

ACS completed the safety and risk assessments and documented progress notes timely and accurately. ACS spoke with the family members and assessed the SSs and home to be safe. ACS entered detailed supervisory notes and completed the investigation in a timely manner. ACS spoke with the in-home nurse who would visit the SM several times a week. She had no concerns for the family. ACS gathered information from LE, the hospital, the schools and the 7yo SSs providers.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**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
066908 - Deceased Child, Female, 26 Day(s)	066909 - Mother, Female, 34 Year(s)	DOA / Fatality	Substantiated
066908 - Deceased Child, Female, 26 Day(s)	066909 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
066908 - Deceased Child, Female, 26 Day(s)	066910 - Father, Male, 33 Year(s)	DOA / Fatality	Substantiated
066908 - Deceased Child, Female, 26 Day(s)	066910 - Father, Male, 33 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

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

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





gathered to assess risk to all surviving siblings/other children in the household?				
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 was offered grief counseling services, burial assistance and an Early Intervention referral was completed.

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





<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:**  
ACS provided the family with bereavement resources and burial assistance. ACS provided an Early Intervention referral for the 1yo SS.

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

**Explain:**  
ACS provided the family with bereavement resources and burial assistance. The parents declined both.

### 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
- 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



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

### 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