



Report Identification Number: RO-20-020

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

Issue Date: Feb 10, 2021

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 has an open 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		
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	
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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Monroe
Gender: Female

Date of Death: 08/23/2020
Initial Date OCFS Notified: 08/23/2020

Presenting Information

On 8/23/20, Monroe County Department of Human Services (MCDHS) received a report from the SCR which alleged that on 8/20/20 the mother failed to provide adequate supervision of the 2-year-old subject child for approximately 5 minutes. In that time the child was alone in her shared bedroom with her 5-year-old sibling which had a bunk bed in it. There were items hanging from the top bunk, including a purse with a long strap. The child was unsupervised long enough to become entangled in the long strap of the purse, cutting off oxygen to her brain. The mother found the child unresponsive in a standing position, called 911, and began CPR. The child was pronounced brain dead on 8/22/20 and was officially pronounced dead on 8/23/20 at 7:44 AM.

Executive Summary

This report concerns the death of the 2-year-old subject child from an accidental hanging incident which occurred on 8/20/20. The child was pronounced deceased on 8/23/20 after being hospitalized since the incident on 8/20/20. There were two surviving siblings in the home, ages 5-years and 10-months-old. The father was not home at the time of the incident. The safety of the surviving siblings was assessed throughout the investigation. There were no concerns for their safety identified during the investigation.

Monroe County Department of Human Services (MCDHS) received a report on 8/20/20 regarding the incident and initiated their investigation. A subsequent report was received on 8/23/20 following the child’s death. MCDHS coordinated their response with local law enforcement.

MCDHS interviewed the mother in the home. The mother disclosed that she had given the children a bath, and the subject child was in the shared bedroom with the 5-year-old sibling getting dressed and having a snack while she put the 10-month-old child to sleep. The mother stated that after approximately 5 minutes, the 5-year-old sibling came to get her, and she knew something was wrong and went to check on the 2-year-old child. The mother stated she found the child hanging from a purse strap that was hanging off part of a bunk bed. The mother stated that the child was unresponsive and in a standing position. She called 911 and initiated CPR until emergency medical services arrived on scene. The father had no knowledge of the incident aside from what the mother told him.

The child was transported to the hospital and remained hospitalized until her death on 8/23/2020. An autopsy was performed, and the preliminary results showed that the child died due to complications from hanging and the manner of death was determined to be an accident. Law enforcement declined to press charges and CPS unfounded all allegations against the mother. MCDHS offered appropriate services to the family in response to the child’s passing.

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

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:
MCDHS conducted a thorough and complete investigation which included familial interviews and collateral contacts. MCDHS made the appropriate decision to close the investigation based on the evidence gathered.

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: 08/23/2020

Time of Death: 07:44 AM

Date of fatal incident, if different than date of death: 08/20/2020

Time of fatal incident, if different than time of death: 07:10 PM

County where fatality incident occurred: Monroe

Was 911 or local emergency number called? Yes

Time of Call: 07:11 PM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Playing
- Other
- Working
- Eating
- Driving / Vehicle occupant
- Unknown



Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

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	2 Year(s)
Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	10 Month(s)
Other Household 1	Other Adult - 5-year-old sibling's biological father	No Role	Male	27 Year(s)

LDSS Response

MCDHS received the initial report regarding the accidental hanging of the 2-year-old child that occurred on 8/20/19. A fatality report was registered with the SCR on 8/23/20 once the child was taken off life support.

The SM was initially interviewed at the hospital where the SC was brought following the incident on 8/20/20. The SM disclosed that she had given the children baths, and that the SC was in her shared bedroom with the 5-year-old SS. The two children were getting dressed and preparing to watch a movie while the SM put the 10-month-old SS to sleep. After approximately 5 minutes, the 5-year-old SS came to the bedroom and stated the SC was sleeping with her neck on the purse. The SM stated she immediately went to the room and found the SC with her neck in the purse and feet on the floor. She got her down, put her on the floor, and immediately called 911. The 911 operator instructed her on how to begin CPR and she continued to do so until a police officer arrived and took over.

The BF was interviewed initially in the hospital. The BF disclosed no direct knowledge of the incident and only knew what the SM told him. The BF was trying to understand the incident as reported by the SM and was described as being concerned for his child.

The 5-year-old SS was interviewed at the CAC. The SS disclosed that she and the SC were in their room getting dressed and playing while the SM put the 10-month-old SS to sleep. The SS stated the SC put her head in the purse and became tangled. The SS thought the SC was awake, then shortly after, the SC appeared to be sleeping.

MCDHS spoke with LE regarding the death of the SC. LE identified that the SM had disclosed the incident as reported to MCDHS. LE stated later in the investigation that the incident was an accident and no criminal charges would be filed against the SM.

MCDHS obtained pediatric records for all children in the home. No concerns were identified for the children in the care of the SM and BF.

MCDHS spoke with the ME. The initial cause of death was identified to be complications of hanging and the manner was



accidental. The toxicology screen was later returned and was negative for all substances.

MCDHS made referrals to therapy services for the family in response to the SC's passing. The family scheduled and attended appointments prior to the investigation closing. MCDHS determined the allegations against the SM to be unfounded and closed the investigation. The family was referred to prevention services and were utilizing services and there were no additional concerns for the safety of the surviving siblings at the time the investigation was closed.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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 reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: Monroe County has an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055424 - Deceased Child, Female, 2 Yrs	055425 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
055424 - Deceased Child, Female, 2 Yrs	055425 - Mother, Female, 23 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
055424 - Deceased Child, Female, 2 Yrs	055425 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
055424 - Deceased Child, Female, 2 Yrs	055425 - Mother, Female, 23 Year(s)	Internal Injuries	Unsubstantiated
055424 - Deceased Child, Female, 2 Yrs	055425 - Mother, Female, 23 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
055424 - Deceased Child, Female, 2 Yrs	055425 - Mother, Female, 23 Year(s)	Lack of Supervision	Unsubstantiated
055424 - Deceased Child, Female, 2 Yrs	055425 - Mother, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
055427 - Sibling, Female, 5 Year(s)	055425 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
055427 - Sibling, Female, 5 Year(s)	055425 - Mother, Female, 23 Year(s)	Lack of Supervision	Unsubstantiated
055427 - Sibling, Female, 5 Year(s)	055425 - Mother, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
055428 - Sibling, Male, 10 Month(s)	055425 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated



Child Fatality Report

055428 - Sibling, Male, 10 Month(s)	055425 - Mother, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
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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 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 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"/>

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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>				
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"/>



Child Fatality Report

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

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	No
Was the child ever placed outside of the home prior to the death?	No
Were there any siblings ever placed outside of the home prior to this child's death?	No
Was the child acutely ill during the two weeks before death?	No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/20/2020	Sibling, Female, 5 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 5 Years	Mother, Female, 23 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Female, 2 Years	Mother, Female, 23 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Deceased Child, Female, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 2 Years	Mother, Female, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Female, 2 Years	Mother, Female, 23 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

MCDHS received a report from the SCR which alleged that the SM left the 2-year-old subject child and 5-year-old sibling unsupervised for approximately five minutes. While unsupervised, the SC rested her head on a purse that was hanging off the top bunk of the bunk bed. The SC lost consciousness and her pulse stopped. Medical intervention was required to bring the SC's pulse back.



Report Determination: Unfounded

Date of Determination: 10/29/2020

Basis for Determination:

MCDHS received the report and coordinated their response to the report and subsequent reports received regarding the family with LE. MCDHS conducted both familial and collateral contacts. The mother and 5-year-old surviving sibling disclosed the incident as reported. Medical providers confirmed that the child suffered an anoxic brain injury as a result of hanging. The child subsequently succumbed to the injuries and passed away on 8/23/20. The father was not home at the time of the incident. The safety of the 5-year-old and 10-month-old surviving siblings was assessed throughout the investigation.

OCFS Review Results:

MCDHS conducted a thorough and complete investigation of the initial report and subsequent reports received. MCDHS offered and set up services in response to the needs of the family following the death of the SC. Safety and Risk were assessed throughout the investigation and MCDHS unfounded the report as they did not find credible evidence to determine the allegations.

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

CPS - Investigative History More Than Three Years Prior to the Fatality

The mother was named as the subject of a report on one report that was more than three years prior to the fatality. The report alleged the mother was abusing illicit substances while caring for the elder sibling in 2017. The report was unfounded as there was no evidence the mother was abusing illicit substances and there were no concerns identified for the child.

Known CPS History Outside of NYS

There was no known history outside of New York State.

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