



Report Identification Number: RO-23-019

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

Issue Date: Apr 09, 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

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services	DA-District Attorney	
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	SXTF-Sex Trafficking
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 10/26/2023
Initial Date OCFS Notified: 10/26/2023

Presenting Information

The SCR report alleged on 10/26/23, at 2:00AM, the mother fed the subject child and put him back into his crib, which was located in the mother and father's bedroom. The mother awoke at approximately 5:15AM, and found the subject child unresponsive in his crib. The subject child was lying on his side and there was vomit on his face. The mother called 911 and the dispatcher provided the father with instructions on how to administer cardiopulmonary resuscitation. The father attempted to resuscitate the subject child to no avail. The subject child was pronounced deceased by emergency medical services at the residence. The subject child was an otherwise healthy child, and the mother and father did not have an explanation for his death.

Executive Summary

This fatality report concerns the death of the 5-month-old subject child that occurred on 10/26/23. The SCR report contained allegations of Inadequate Guardianship and DOA/Fatality against the mother and father. At the time of his death, the subject child resided with his mother, father, and 2-year-old surviving sibling.

Monroe County Department of Human Services (MCDHS) completed casework and collateral activity and learned that on 10/26/23, the mother attempted to feed the subject child a bottle when he awoke between 1:00 AM and 2:00 AM. The subject child was lying in his crib on his side with an adult-sized pillow propped behind him and a blanket over the edge of the crib. The subject child did not want much of the bottle and fell back to sleep. The mother went back to sleep in a different room and awoke around 5:00 AM to check on the child. At that time, the mother noticed the subject child had vomit on his face and was stiff. The mother reported the blanket was partially covering the subject child's face. The father awoke and the parents called 911. The 911 dispatcher instructed the parents on how to perform cardiopulmonary resuscitation, which the parents attempted until emergency medical services arrived and took over. Life-saving measures were continued; however, it was determined the subject child was deceased and efforts were discontinued. The subject child was not transported to the hospital, and the medical examiner responded to the home and pronounced the subject child deceased at 8:07 AM.

An autopsy was performed, and the final cause and manner of death were pending at the time this report was written. There were no injuries noted to the subject child and law enforcement stated there were no suspicious findings during the autopsy. Law enforcement reported their investigation was closed pending the receipt of the final autopsy from the medical examiner.

The parents were referred to and engaged in a trauma intervention program following the death of the subject child. The mother was also seeking individualized counseling services. The allegation of Inadequate Guardianship was appropriately substantiated, as the subject child was placed to sleep in an unsafe sleep environment with aggravating factors including an adult-sized pillow and blanket. The allegation of DOA/Fatality was appropriately unsubstantiated as a cause and manner of death had not yet been determined. The Risk Assessment Profile did not reflect the mother's mental health. The surviving sibling was assessed to be safe in the care of the parents and the CPS investigation was indicated and closed on 12/20/23.

PIP Requirement

This review resulted in a citation related to casework practice. In response, MCDHS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the MCDHS has taken, or



will take, to address the cited issue(s). For citations where a PIP is currently implemented, MCDHS will review the plan(s) and revise as needed.

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:

MCDHS made an appropriate determination based on evidence obtained during their investigation.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

Casework activity was not commensurate with case circumstances. The Risk Assessment Profile did not reflect the SM's mental health.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	The Risk Assessment Profile did not reflect the SM's mental health, despite the SM self-reporting mental health diagnoses and medical documentation reflecting the SM reported being overwhelmed.
Legal Reference:	18 NYCRR 432.2(d)
Action:	MCDHS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/26/2023

Time of Death: 08:07 AM

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

Unknown

County where fatality incident occurred:

Monroe

Was 911 or local emergency number called?

Yes

Time of Call:

05:27 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

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	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

Upon receipt of the SCR report, MCDHS coordinated their efforts with LE, interviewed the parents, assessed the safety of the SS, contacted collateral sources, and offered fatality-related services.

MCDHS interviewed the SM and SF and learned that on the evening of 10/25/23, the SC was picked up from daycare and slept in his car seat until around 9:00 PM. The SC woke up, was fed, and went back to sleep around 11:00 PM until approximately 1:00-2:00 AM on 10/26/23. The SM was sleeping in another room with the SF due to being ill and not wanting to get the SC sick but awoke to feed the SC a bottle at that time. The SM reported that she did not hold the SC to feed him and instead left the SC in his crib and stood next to the crib holding the bottle. The SM stated the SC did not want much of the bottle and fell back to sleep. The SM left the bottle in the crib in case the SC awoke to be fed again. The SM reported propping the SC on his left side to put him to sleep, as he would not sleep on his back and would frequently vomit after feedings. The SC had a folded adult-sized pillow behind him and a blanket hanging over the edge of the crib. The SM



stated she put the blanket in the crib because she was transitioning the SC from co-sleeping to sleeping in the crib, and thought this would provide comfort to the SC. The SM awoke around 5:00 AM to check on and feed the SC and observed the blanket to be partially covering the SC’s face but denied that it was covering the SC’s face entirely. The SM noticed the SC had vomit all over his face and that he was stiff. The SM stated the SC was still propped on his left side in the same position she had put him to sleep. The SF awoke and the parents called 911. The parents performed CPR at the instruction of the 911 dispatcher until EMS arrived. The SF reported the SC had vomit in his mouth when he began CPR. EMS attempted life-saving efforts; however, it was determined the SC was deceased and efforts were discontinued. The SC remained at the home until the ME arrived and declared the SC deceased.

Photos obtained by LE showed the SC’s crib had a folded adult-sized pillow and a blanket hanging over the side. The crib also contained two bottles and the mattress was observed to be wet either from the SC’s vomit or a bottle spilling. MCDHS observed the SC to have a bassinet that had a couple of blankets in it. The SM reported she would tuck a blanket under the SC’s cheek. The SM admitted to regularly co-sleeping with the SC but had been transitioning him to his crib. It was unknown if the parents were aware of safe sleep guidelines. There was no monitor in the room the SC slept in, as the SM stated she would always wake up upon hearing the SC.

The SM and SF reported the SC had been congested for a couple of weeks and was seen by his pediatrician who advised the parents to administer a fever reducer. The SM reported the SC did not receive any medication on the day of the fatal incident, as the SC did not have a fever. MCDHS confirmed with the pediatrician that the SC was seen for a well-child visit on 9/22/23, and there were no noted medical concerns aside from the parents' concern regarding the SC’s congestion.

The SS was assessed to be safe in the care of the parents and collateral sources reported no concern for the SS.

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? Yes

Comments: Monroe County referred this fatality to their OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065368 - Deceased Child, Male, 5 Month(s)	066584 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
065368 - Deceased Child, Male, 5 Month(s)	066584 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
065368 - Deceased Child, Male, 5 Month(s)	066585 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
065368 - Deceased Child, Male, 5 Month(s)	066585 - Father, Male, 32 Year(s)	Inadequate Guardianship	Substantiated



CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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
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Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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 as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: There was no removal necessary regarding the SS.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Family Advocate

Additional information, if necessary:

The family was referred to and engaged in a trauma intervention program following the death of the SC that was providing counseling services and assisting the SM in locating individualized counseling. A family advocate was also utilized during the investigation to assist in assessing the needs of the family. Burial assistance was offered, though it was unknown if the family utilized the assistance

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The family was referred to a trauma intervention program and the parents were in agreement with the SS being engaged in sessions.

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

Explain:

The family was referred to and engaged in a trauma intervention program following the death of the SC. The program was assisting the SM in locating individualized counseling.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

No

Was the child acutely ill during the two weeks before death?

Yes

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 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