



## Report Identification Number: SV-23-014

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

**Issue Date: Aug 16, 2023**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services had an open investigation or a CPS monitored services case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 0 day(s)

**Jurisdiction:** Orange  
**Gender:** Female

**Date of Death:** 04/02/2023  
**Initial Date OCFS Notified:** 04/02/2023

## Presenting Information

An SCR report alleged on 4/2/23 at approximately 1:00 AM, the mother was in the shower when she gave birth to a female infant. The father entered the shower and caught the infant before she hit the ground. The infant cried and then began to have shallow breathing. The parents brought the infant to the hospital themselves, rather than calling 911. They arrived at the hospital with the infant at an unknown time after 1:00 AM. The infant was not breathing when she arrived at the hospital so CPR was performed, but was unsuccessful. The adults had no explanation for the infant's death.

## Executive Summary

On 4/2/23, an SCR report was received by the Dutchess County Department of Community and Family Services (DCDSS) regarding the death of the newborn female infant, which occurred on that date. The report contained allegations of Inadequate Guardianship and DOA/Fatality against the parents and Parent's Drug/Alcohol Misuse against the mother regarding the infant. DCDCFS began the investigation and determined the mother resided with the maternal grandmother in Orange County and the father resided at a separate address in Orange County; therefore, the case was transferred to the Orange County Department of Social Services (OCDSS). The father of the infant had no other children. The mother had a 10-year-old child that resided with his father and paternal grandmother in Dutchess County. The mother's visitation with the sibling was supervised due to the mother's history of drug misuse. DCDCFS maintained a secondary role on the case and assessed the sibling to be safe in his father's care.

OCDSS conducted a joint investigation with law enforcement. The investigation revealed that on 4/1/23, the mother used heroin and was visiting a friend's home with the father. The mother felt ill, so she took a shower. Sometime after 1:00 AM on 4/2/23, the mother went into labor and gave birth to the infant in the shower. The mother reported that the infant cried and made other noises upon delivery. The father assisted the mother out of the shower, and the parents were driven to the hospital in the friend's car. The parents did not report any efforts to clear the infant's airway or to resuscitate the infant when respiratory distress was present. The infant was unresponsive upon arrival to the hospital around 1:40 AM, and efforts to resuscitate the infant were unsuccessful. The infant was pronounced deceased at 1:54 AM.

An autopsy was performed, and the cause of death was acute drug intoxication including cocaine, xylazine, fentanyl, methamphetamine, dextromethorphan/levomethorphan and dextrorphan/levorphanol. The manner of death was accidental (maternal substance use). The autopsy report stated that the infant was approximately 8 months gestation. No charges had been filed and the law enforcement investigation remained open at the time the investigation closed.

Despite efforts by DCDCFS and OCDSS, the parents did not cooperate with the investigation; therefore, services related to the fatality were unable to be offered. The parents did not claim the infant's body from the medical examiner's office and the infant received a state burial. The sibling's father declined bereavement services on behalf of the sibling.

OCDSS substantiated the allegations of DOA/Fatality, Parent's Drug/Alcohol Misuse, and Inadequate Guardianship against the mother and Inadequate Guardianship against the father. There was a fair preponderance of the evidence that the mother used drugs throughout her pregnancy and within hours of unexpectedly giving birth to the infant in the shower. The father was aware of the mother's pregnancy and of her drug use throughout. The parents did not call 911 or make attempts to clear the infant's airway. The infant subsequently died from acute drug intoxication. OCDSS unsubstantiated the allegation of DOA/Fatality against the father as there was insufficient evidence that the father's actions or inactions



caused the infant's death.

## 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 case was appropriately indicated and closed.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

### Explain:

Casework activity was commensurate with 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: 04/02/2023

Time of Death: 01:54 AM

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

01:00 AM



County where fatality incident occurred: Orange  
 Was 911 or local emergency number called? No  
 Did EMS respond to the scene? No  
 At time of incident leading to death, had child used and/or ingested alcohol or drugs? Yes  
 Child's activity at time of incident:

Sleeping                       Working                       Driving / Vehicle occupant  
 Playing                         Eating                         Unknown  
 Other: Being Born

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	0 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	54 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	41 Year(s)
Other Household 1	Sibling	No Role	Male	10 Year(s)

### LDSS Response

The infant's death was investigated through contact with the source of the report, a review of SCR history, and a referral to the district attorney's office. Diligent attempts were made by OCDSS, DCDCFS, and law enforcement to conduct full interviews with the mother and father; however, they declined and would not cooperate with the investigation. OCDSS and DCDCFS spoke to law enforcement, hospital staff, the medical examiner's office, the sibling's father, the sibling's paternal grandmother, and the sibling. The sibling's father's home was assessed to be safe by DCDCFS, and the sibling reported no concerns for his care.

The medical examiner's investigator reported that it was learned from hospital staff that the infant was unresponsive when the mother and father arrived at the hospital around 1:40 AM, and the infant was pronounced deceased at 1:54 AM. It was unknown what time the infant was born. The infant weighed 5 lbs. 11oz. and was fully developed. The mother reported she became aware she was pregnant 2 weeks prior when she felt the infant move; however, did not seek prenatal care. The mother admitted to heroin use during the pregnancy, with the last time being on 4/1/23. Law enforcement reported that hospital security footage showed that the mother and father arrived at the hospital in an SUV at 1:41 AM, and the mother entered the hospital carrying the infant at 1:43 AM. The mother left the hospital against medical advice at 6:11 AM. Hospital records showed a skeletal x-ray was done and there were no fractures present. It was noted that there was air in the infant's lungs and GI tract suggesting the infant was born alive.

Law enforcement reported that the mother had warrants for her arrest for unrelated charges and she did not cooperate with making a formal statement about the infant's death. Law enforcement records showed that the parents were located at the father's address in Orange County on the afternoon of 4/2/23. The father reported that the mother's pregnancy was a



surprise and they had only found out a few weeks prior. He said they were at a friend's house in Orange County when the mother felt sick. The mother stated that she was taking a shower when she gave birth unexpectedly. She started screaming and the father assisted the mother out of the shower. The mother said the friend drove them to the hospital in his car. She said the infant made sounds and was crying right after birth and on the way to the hospital; therefore, she thought the infant was alive when they arrived at the hospital. She thought she was about 26 weeks pregnant but only found out 2 weeks prior. The records noted when law enforcement asked the mother why she didn't call an ambulance, the mother stated she panicked and tried to get to the hospital as soon as possible.

**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 referred to an OCFS approved Child Fatality Review Team?** Yes

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064520 - Deceased Child, Female, 0 Days	064521 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated
064520 - Deceased Child, Female, 0 Days	064521 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
064520 - Deceased Child, Female, 0 Days	064521 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
064520 - Deceased Child, Female, 0 Days	064522 - Father, Male, 54 Year(s)	DOA / Fatality	Unsubstantiated
064520 - Deceased Child, Female, 0 Days	064522 - Father, Male, 54 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

**Additional information:**

OCDSS made diligent attempts to interview the parents face-to-face. The parents would not disclose the friend's name or address where the mother gave birth, so the friend was unable to be interviewed and the scene was unable to be investigated.

<b>Fatality Safety Assessment Activities</b>
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	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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<b>Fatality Risk Assessment / Risk Assessment Profile</b>
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	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Explain:**

Risk was adequately assessed and services were unable to be offered to the parents due to a lack of cooperation with the investigation.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

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

**Services Provided to the Family in Response to the Fatality**

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





<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"/>
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**Additional information, if necessary:**  
 Services were needed but unable to be offered to the parents since they did not cooperate with the investigation.

**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?** No

**Explain:**  
 The sibling's father declined bereavement services on behalf of the sibling.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**  
 The parents did not cooperate with the investigation and services related to the fatality were unable to be offered.

### 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:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Had medical complications / infections            | <input type="checkbox"/> Had heavy alcohol use   |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs               | <input type="checkbox"/> Smoked tobacco  |
| <input type="checkbox"/> Experienced domestic violence                                | <input checked="" type="checkbox"/> Used illicit drugs                                     |
| <input checked="" type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs   |
| <input checked="" type="checkbox"/> Used marijuana                                    | <input type="checkbox"/> Was not noted in the case record to have any of the issues listed |

**Infant was born:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> With a positive toxicology | <input type="checkbox"/> With fetal alcohol effects or syndrome              |
| <input type="checkbox"/> Exhibiting withdrawal symptoms        | <input type="checkbox"/> 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

An SCR report dated 9/25/18 was received by DCDCFS and unfounded against the mother for the allegations of IG and PD/AM regarding the sibling. The sibling resided with his father and paternal grandmother and the mother was not alone with him. The mother denied current drug use and reported receiving medication-assisted drug treatment.

An SCR report dated 5/10/19 was received by DCDCFS and unfounded against the mother for the allegations of IG and



PD/AM regarding the sibling. The sibling continued to reside with his father and paternal grandmother and was not alone with the mother. The mother denied current drug use and was referred for mental health counseling.

### Known CPS History Outside of NYS

There was no known CPS 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