



Report Identification Number: NY-21-133

Prepared by: New York City Regional Office

Issue Date: Jun 10, 2022

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: 0 day(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 12/23/2021
Initial Date OCFS Notified: 12/24/2021

Presenting Information

The SCR report alleged on 12/23/21, the mother was picked up from school due to abdominal pain/cramping. The mother arrived home around 11:00AM and took a long bath. Sometime during the bath, the mother gave birth to the female subject child (SC). The SC took her first breath, cried, and appeared as a normal healthy child, pink in color, weighing 5 pounds 11 ounces and about 34-36 weeks at the time of delivery. Shortly after the first cry the otherwise healthy SC had no vitals according to the mother and MGM. The MGM assisted the mother and called 911. EMS responded to the home and the SC was found unresponsive, not breathing and with no vitals. The mother and MGM did not perform cardiopulmonary resuscitation (CPR) on the SC. EMS transported the mother and SC to the hospital where the SC was pronounced dead at approximately 3:35PM. The SC was an otherwise healthy child and the mother and grandmother had no explanation for the SC's death.

Executive Summary

This fatality report concerns the death of a one-day-old female subject child (SC) who died on 12/23/21. The allegations of the report registered by the SCR were DOA/Fatality and IG of the SC by the mother and MGM.

The subject child resided with her 14-year-old mother, the maternal grandparents (MGPs), eleven-year-old maternal uncle (MU) and a maternal great-grandfather (MGGF). The mother and the MU shared a bed. ACS assessed and deemed the MU safe in the home with the MGPs.

ACS' documentation revealed at the time of the incident, the MGM picked up the mother from school and urged her to go to the hospital as the mother was complaining of severe cramps and stomach ache. The mother refused stating she wanted to go home. When she arrived at home, the mother went to the bathroom while the maternal grandmother (MGM) was in the living room watching television and the MU was in the bedroom. The maternal grandfather(MGF) was not at home. The family reported the mother went to shower and remained in the bathroom for approximately two hours. The mother refused to open the bathroom door. She did not make any sounds, and did not seek help as she delivered the SC. The family reported the SC did not cry and the emergency call was reported as a "still born" baby. The mother maintained she did not know she was pregnant although she had not had a menstrual cycle for six months. At the time of the incident, the mother thought she was experiencing a painful abdominal cramp, which was normal. The mother declined to disclose information of the father; she had only one consensual sexual encounter that occurred in the park with a boy of her age. The family were unaware that the mother was sexually active, and they had no knowledge of the father.

ACS learned from LE that they found no criminality and made no arrest. The Medical Examiner reported the SC appeared to have been born at seven months gestation and no injuries, fractures, or trauma was found on the SC. The cause of death was undetermined and the manner of death was unknown.

ACS interviewed collaterals who had no concerns regarding the family. According to ACS documentation, none of the mother's family, friends, pediatrician were aware the mother was pregnant. The mother displayed no signs of pregnancy such as weight gain, change in body size or increase appetite. ACS interviewed school staff who reported the mother and maternal uncle performed well academically, their attendance was good and there were no behavioral issues. The staff were unaware of the mother's pregnancy.

ACS received information from the mother's pediatrician that the mother's last visit occurred on 8/18/21, and there was



no report of the mother being pregnant.

On 1/27/22, ACS received information regarding the MU that reflected his immunizations were up to date, his last well check-up occurred on 9/20/21, and there were no significant medical concerns.

ACS unsubstantiated the allegations of the report against the mother and the MGM on the basis of no credible evidence. The mother accepted counseling services. The maternal uncle was reportedly was doing well.

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:

Case activities were commensurate with case circumstances.

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:

The case documentation reflected supervisory consultation during the investigation.

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: 12/23/2021

Time of Death: 03:40 PM

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

03:00 PM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

02:54 PM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Newborn

Did child have supervision at time of incident leading to death? Yes

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: Alert and shocked

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	Aunt/Uncle	No Role	Male	11 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	0 Day(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	14 Year(s)
Deceased Child's Household	Other Adult - Maternal great-grandfather	No Role	Male	62 Year(s)

LDSS Response

Upon receipt of the SCR report, ACS initiated the investigation by contacting hospital staff, ME, EMS, and LE. The family was not known to the SCR or ACS. The ME listed the cause of death as undetermined and manner of death as unknown.

ACS responded to the hospital where the mother and the SC were transported. ACS learned the mother and deceased SC arrived at the ER on 12/23/21 at 3:19PM. The SC was pronounced dead at 3:40 PM on the same day. The SC presented



with no marks or bruises that indicated maltreatment or abuse.

EMS reported upon arrival at the case address, the mother was alert and oriented; she stated she had just given birth. The SC was observed with no vitals.

On 12/24/21, ACS used an interpreter to interview the MGM, who she explained she picked up the mother from school due to abdominal pain, which was not unusual. She stopped at the pharmacy and bought medication for the cramps. They arrived home and she gave the mother tea, which she drank but did not take the medication. The mother went to the bathroom and stayed for a long time. The MGM said she heard the shower and when she asked, the mother stated she was alright. An hour later, the maternal uncle called her into the bathroom, and she observed the SC on the floor surrounded by blood; she instructed him to call 911. The MGM stated she was in complete shock. The MGM stated she had no knowledge of the pregnancy or reason to believe the mother was pregnant. The MGM denied the SC cried or breathed. The family denied mental health conditions, DV or drug/alcohol use in the home.

ACS interviewed the mother on 12/24/21, and she explained that she had a one-time episode with her boyfriend of two years. She stated she took two pregnancy test and both results were negative. On the day of the incident, she believed her cycle was starting. She went to take a shower and felt the need to move her bowels and the “baby fell out”. The mother was afraid and stated she did not know what was happening to her body. The mother was treated and released. ACS interviewed the MGF who was not home at the time of the discovery. He stated there were no signs for them to assume the mother had a boyfriend, was sexually active, or pregnant.

ACS interviewed the maternal uncle who stated he, his sister, and parents had a good relationship. He denied knowledge of the pregnancy or boyfriend. The MGGF declined an interviewed.

During the investigation, ACS interviewed the mother multiple times, and the details of the events were consistent. The mother stated whenever she thinks about the incident, she becomes sad; however, schoolwork has kept her busy and she could visit the cemetery if she wanted.

ACS conducted the appropriate home visits and documented the mother and maternal uncle were doing well. ACS provided a bunk bed for the mother and maternal uncle.

Throughout the investigation, ACS remained in contact with LE and the ADA’s office to address the discrepancy regarding whether the SC cried or moved at the time of birth. However, the Medical Examiner could not confirm whether the SC took a breath.

On 2/18/21, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the mother and the MGM citing their investigation resulted in a lack of evidence to support the allegations. ACS documented the mother stated she did not know she was pregnant and that she had taken two pregnancy tests, both of which were negative. At the time of the SC’s birth, the mother assumed she was getting menstrual cramps. ACS wrote that the MGM maintained she did not know the mother was pregnant and that the mother did not exhibit changes in her mood or eating habits. The information given by the mother remained consistent and 911 was called immediately when she gave birth.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Undetermined if injury or medical 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? No

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060521 - Deceased Child, Female, 0 Days	060522 - Mother, Female, 14 Year(s)	DOA / Fatality	Unsubstantiated
060521 - Deceased Child, Female, 0 Days	060522 - Mother, Female, 14 Year(s)	Inadequate Guardianship	Unsubstantiated
060521 - Deceased Child, Female, 0 Days	060523 - Grandparent, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
060521 - Deceased Child, Female, 0 Days	060523 - Grandparent, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated

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"/>

Explain:

The family was referred for community based services.

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"/>

Explain as necessary:

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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 checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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? No

Explain:

The family was on a wait list for services in the community.

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

Explain:

The family was on a wait list for services in the community.

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? N/A
 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
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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