



## Report Identification Number: SV-19-013

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

Issue Date: Sep 05, 2019

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**

<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		
<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	
<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:** 2 month(s)

**Jurisdiction:** Dutchess  
**Gender:** Male

**Date of Death:** 04/09/2019  
**Initial Date OCFS Notified:** 04/15/2019

## Presenting Information

On 4/12/19, the death of the two-month-old male subject infant was reported to OCFS by the Dutchess County Department of Community and Family Services (DCDCFS) through the required Agency Reporting Form 7065. The infant died on 4/9/19, after being found unresponsive in his portable crib by his mother.

## Executive Summary

On 4/9/19, DCDCFS was notified by law enforcement that the infant passed away on that date at the family's home. DCDCFS had an open CPS investigation at the time, which was received on 2/5/19, with concerns the infant was born on that date and both the mother and infant tested positive for opiates.

The mother had a history of heroin abuse and the infant was born with a birth defect and suffered withdrawal symptoms that required an extended hospitalization. On 2/5/19, DCDCFS initiated a safety plan that the mother would be supervised with the infant and seven-year-old male sibling. Upon discharge from the hospital, the mother enrolled in and completed an inpatient substance abuse treatment program. She then engaged in outpatient treatment and all subsequent toxicology screens were negative. On 3/7/19, the children were assessed safe in their parent's care as the mother was engaged in substance abuse treatment, visiting nurses were monitoring the infant's health and the parents had the added support of the maternal grandparents, and the safety plan was discontinued.

Upon the death of the infant, DCDCFS notified OCFS through the required Agency Reporting Form 7065 and coordinated with law enforcement to investigate the incident. It was learned the mother woke up from a nap at 1:00 PM and found the infant face down and unresponsive in the changing table portion of the portable crib, where she had placed him for a nap at 10:30 AM. She called 911 and performed CPR until EMS arrived. Efforts to resuscitate the infant were unsuccessful and he was pronounced deceased at the home. At the time of the incident the father was at work, the seven-year-old sibling was at school and the maternal grandparents were not home. The mother denied being under the influence of drugs and she voluntarily completed a drug test on the day of the incident, which was negative. There were no concerns gathered for the sibling's safety and he remained in his parent's care.

An autopsy was performed and it was determined the cause of death was sudden unexplained death in infancy and the manner of death was undetermined. Law enforcement found no criminality in the child's death and closed their investigation with no charges filed.

DCDCFS determined the parents utilized an unsafe sleeping environment for the infant when they regularly placed him to sleep in the changing portion of the portable crib and they appropriately added and substantiated the allegation of Inadequate Guardianship against both parents in the CPS investigation. An SCR report was not made regarding the infant's death as it was unable to be determined that utilizing the unsafe sleeping environment resulted in the infant's death. DCDCFS referred the family for bereavement services, funeral assistance and Preventive Services and the family declined all services.

## Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

The death of the infant was not reported to the SCR, therefore there was no determination of allegations.

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:**

DCDCFS appropriately consulted their legal department and closed the case as the mother was engaged in substance abuse treatment and there were no safety concerns for the sibling.

**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: 04/09/2019

Time of Death: Unknown

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

County where fatality incident occurred: Dutchess

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |



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

**How long before incident was the child last seen by caretaker?** 2 Hours

**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	No Role	Male	2 Month(s)
Deceased Child's Household	Father	No Role	Male	30 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	52 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	52 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)

### LDSS Response

On 4/9/19, DCDCFS spoke to law enforcement and learned the mother was home alone with the infant when she called 911 and reported the infant was not breathing. EMS and state police responded to the home, life-saving measures were performed and the infant was pronounced deceased. DCDCFS contacted the mother's substance abuse treatment provider and learned the mother was fully engaged in outpatient treatment, was taking her medication as prescribed and all drugs screens were negative for all non-prescribed substances.

DCDCFS spoke to the public health nurse who reported she visited the home twice per week since the infant was discharged from the hospital and she had no concerns for his care. She reported the parents followed up with medical appointments related to the positive toxicology and properly cared for the infant's birth defect. The parents followed recommendations to keep the infant upright for 30-40 minutes after feedings and used a nasal aspirator to clear formula from his nose due to his birth defect. The nurse provided safe sleep education to the parents and she was unaware the infant slept in the changing portion of the portable crib.

DCDCFS assessed the home to be safe for the seven-year-old sibling. There was a portable crib in the parents' bedroom that had a u-shaped Boppy pillow and blanket in it. There was a changing station attached to the top that had a large warning label that said not for use as a sleeping surface due to the risk of suffocation. The parents reported they never noticed the warning label and they placed a folded sheet or blanket on it and utilized it as a sleeping surface when the infant took naps. They said they often swaddled the infant with a blanket and placed him to sleep on his side. DCDCFS previously educated the parents about safe sleep.

Concerning the incident, the parents reported the infant awoke at 5:00 AM and the father fed him a bottle and cradled him for 30 minutes. He placed the infant back to sleep in the portable crib and he left for work. The infant awoke at 8:30 AM,



after the seven-year-old sibling left for school. The mother changed and fed him, then held and played with him for a while. She swaddled his arms and upper body in a blanket, left his feet unswaddled, and held him until he fell asleep. Around 10:30 AM, she placed him on his side on top of the folded sheet in the changing station and she took a nap in the adult bed. The mother woke up at 1:00 PM and saw that the infant was face down. She tickled his feet, and when he didn't respond, she turned him over and saw that his face was purple. She called 911 and texted the father at 1:10 PM to come home from work. Ten minutes later the mother called the father and a police officer told him the infant was unresponsive. When the father arrived home, he was informed the infant had passed away.

The grandparents were not home at the time of the incident and they had no information regarding the infant's death. They had no concerns for the care the children received and they often assisted the parents in caring for the children. They said the mother had been sober since giving birth to the infant. The sibling shared no concerns and was assessed to be safe in her parent's care.

The medical examiner reported there were no signs of trauma on the infant's body and there were no drugs in his system. There were signs of petechiae in the infant's thymus, heart and lungs, which reportedly can be present during asphyxiation, but also common in sudden unexplained infant death. Although the medical examiner suspected the bedding may have had a role in the manner of death, they found no proof to that effect.

DCDCFS monitored the mother's progress in substance abuse treatment, spoke to all necessary collaterals and regularly met with the family throughout the open case. The necessary services were offered and DCDCFS appropriately consulted their legal department when the family declined services, and they closed the case.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** Dutchess County does not have an OCFS approved Child Fatality Review Team.

### 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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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**Explain:**  
The death of the infant was not reported to the SCR, therefore 24-hour and 30-day safety assessments were not required to be completed in Connections. The safety of the sibling was adequately assessed in a timely manner and throughout the open case.

### 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 mother engaged in substance abuse services prior to the death of the infant. The parents declined bereavement services and Preventive 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"/>

**Legal Activity Related to the Fatality**

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

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 parent(s) and other care givers to address any immediate needs related to the fatality? No



**Explain:**

The parents declined bereavement services, funeral assistance and Preventive Services.

## History Prior to the Fatality

### Child Information

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

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

## 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)
02/05/2019	Deceased Child, Male, 2 Months	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	No
	Sibling, Male, 7 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Months	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report alleged the mother tested positive for opiates when she gave birth to the subject infant and the infant had signs of withdrawal. On 1/16/19 and 1/22/19, the mother tested positive for opiates and she admitted to using heroin three months prior to the child's birth.

**Report Determination:** Indicated

**Date of Determination:** 05/16/2019

**Basis for Determination:**

The mother and infant both tested positive for opiates at the time of the infant's birth. The infant experienced withdrawal symptoms, had a birth defect, and remained hospitalized for two weeks. The mother tested positive for opiates



throughout her pregnancy and used the seven-year-old sibling's urine for one of her drug screens. The infant died during the investigation and DCDCFS investigated the facts and circumstances of the incident.

**OCFS Review Results:**

DCDCFS conducted a thorough investigation. All family members were interviewed, safety assessments and the RAP were completed accurately and on time and an appropriate safety plan was initiated. All necessary collateralls were contacted and the family was referred for the required services. The Plan of Safe Care was well documented in the case file. DCDCFS thoroughly investigated the circumstances surrounding the infant's death and monitored the safety of the sibling.

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

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

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

**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