



Report Identification Number: SV-21-029

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

Issue Date: Jan 03, 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: 1 month(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 07/29/2021
Initial Date OCFS Notified: 07/29/2021

Presenting Information

An SCR report alleged on 7/29/21, prior to 3:21 AM, the mother placed the 1-month-old infant in bed with her, on top of a pillow and a blanket. The mother was providing the infant with a bottle of milk when she fell asleep. The mother failed to supervise the infant while she was drinking milk. Either the milk caused the infant to suffocate, or the mother laid on the infant to the point where she suffocated. At 3:21 AM, the mother called emergency services due to finding the infant unresponsive. EMS arrived at 3:24 AM and began CPR. During the resuscitation attempt, the infant had milk coming out of her nose and mouth. The infant was transported to the hospital, where she was pronounced dead at 4:06 AM.

Executive Summary

On 7/29/21, the Suffolk County Department of Social Services (SCDSS) received an SCR report regarding the death of the 1-month-old female infant. At the time of the infant's death, she resided with her mother, paternal great aunt, paternal cousin and the cousin's 4-month-old child. Two other children, ages 14 and 1, were visiting the home on the night of the incident. The mother had no other children. The 4-month-old child and two other children were assessed to be safe in their parent's care. The father did not reside in the home, but he reported that he had visited the infant on occasion.

The investigation revealed that on 7/29/21, shortly after 11:00 PM, the mother placed a pillow on the adult bed next to her and she covered the pillow with a baby blanket. She placed the infant on her back with her head on the pillow and the mother fell asleep next to the infant. The mother woke up around 3:00 AM to find the infant face down on the bed next to her and she was unresponsive. The mother called a friend who had a medical background and the friend told her to call 911. The mother called 911 at 3:21 AM and she followed the dispatcher's instructions for CPR. First responders took over CPR when they arrived, and they transported the infant to the hospital via ambulance. Efforts to resuscitate the infant were unsuccessful and she was pronounced deceased at 4:06 AM. It was not documented if the mother was aware of safe sleep guidelines.

An autopsy was performed, and the results were pending toxicology and laboratory results at the time this report was written. The medical examiner reported no signs of abuse or maltreatment. When questioned about the allegation there was milk coming out of the infant's nose and mouth, the medical examiner said that milk present in the infant's nose and mouth would have been a result of the terminal event and did not contribute to the infant's death. Law enforcement found no criminality and their investigation remained open pending the final autopsy results.

SCDSS unsubstantiated the allegations of DOA/Fatality, Lack of Supervision, and Inadequate Guardianship based on a lack of credible evidence that the mother failed to properly supervise the infant while feeding her as alleged or that the mother's actions caused the infant's death. A review of the case record found that there was credible evidence gathered to support substantiating the allegation of Inadequate Guardianship. The mother placed the infant in an unsafe sleep environment on top of a blanket and pillow, and she co-slept with the infant. The infant was found face down on the bed and unresponsive. Law enforcement reported that the mother had a wet spot on her shirt that aligned with where the infant was found. SCDSS offered the family bereavement services and funeral assistance and it was unknown if the family utilized these services. The mother moved out of the home after the infant's death and she was residing with a friend at the time the case closed on 9/23/21.

PIP Requirement



SCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS will review the plan and revise as needed to address ongoing concerns.

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? No

Explain:

There was credible evidence gathered to support substantiating the allegation of Inadequate Guardianship against the mother. The case was appropriately closed since there were no other children in the mother's care.

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

Issue:	Appropriateness of allegation determination
Summary:	Credible evidence was gathered to support substantiating the allegation of Inadequate Guardianship against the mother.
Legal Reference:	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)
Action:	SCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Westchester Regional Office if further guidance is needed.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/29/2021

Time of Death: 04:06 AM

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

Unknown

County where fatality incident occurred:

Suffolk

Was 911 or local emergency number called?

Yes

Time of Call:

03:21 AM

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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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
- Asleep

- Absent
- 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	Aunt/Uncle	No Role	Female	45 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Other Adult - Cousin	No Role	Female	29 Year(s)
Deceased Child's Household	Other Child - Cousin's Child	No Role	Male	4 Month(s)
Other Household 1	Father	No Role	Male	31 Year(s)

LDSS Response

SCDSS began their investigation into the infant's death upon receipt of the SCR report on 7/29/21. Within the first 24 hours, they documented a CPS history check for the mother and aunt, and they spoke to law enforcement, the medical



examiner and the source of the report. Throughout the investigation, SCDSS conducted home visits, interviewed all household members and assessed the safety of the three children that were present at the time of the incident. Fire department records, hospital records, and pediatrician records were reviewed.

The mother reported that the father was not involved much in the infant’s life. The headboard of the mother’s queen-sized bed was observed against the wall and the sides of the bed were not against a wall. There were several pillows on the bed and the mother said she slept on one side and the infant slept on the other side. A portable bassinet and baby supplies were observed in the bedroom. The mother said she and the infant returned home from the maternal grandmother’s home at 11:00 PM on 7/28/21. The infant was sitting in an infant seat while the mother prepared bottles for the night. She then placed a pillow on one side of the bed and put an infant blanket on top of it. She placed the infant on her back with her head on top of the pillow and the mother fell asleep. She woke up at approximately 3:00 AM to find that the infant was now face down. She turned the infant over, and while changing the infant’s diaper, she realized the infant was not moving or making any noises. She picked the infant up and blew in her face, and the infant did not respond. She put her ear to the infant’s chest, and she did not hear a heartbeat.

The aunt and cousin reported that they woke up to the ambulance and law enforcement coming to the home and they were unable to provide any details about the incident. The 4-month-old child was sleeping in the cousin’s bedroom at the time of the incident. Safe sleep guidelines were discussed with the mother and cousin and a crib was observed in the cousin’s bedroom. The aunt stated that the father contacted her about 6 months prior and asked her if the mother and infant could move in with her. The cousin and aunt had no concerns for the mother’s care of the infant. The 14-year-old child reported that he slept at the home on the night of the incident. He played video games in the living room most of the night and he was unaware that anything was wrong until he heard sirens and saw law enforcement came into the home.

The father was spoken to on the phone on 8/25/21 and he stated that he saw the infant occasionally and he did not have any concerns for the infant’s care. Attempts to follow up with the father were unsuccessful. OCFS’ review revealed that the father had two other children, ages 5 and 2, who resided with their mother. SCDSS did not gather information about these children, and it was not documented if the children had contact with the infant.

Fire department records stated that they were dispatched at 3:32 AM for the infant in cardiac arrest. They transported the infant to the hospital where rescue efforts continued. Hospital records indicated that the infant was found unresponsive by the mother and she tried placing a cool compress on the infant and changing her diaper. She remained unresponsive and the mother called 911. CPR was performed at the hospital for 20 minutes before the time of death was pronounced. Law enforcement stated that a reenactment was done with a doll and the mother demonstrated that she was laying on her right side and the infant was on the pillow next to her. Law enforcement found no criminality and they believed the infant likely rolled off the pillow as there was a wet spot on the mother’s shirt that aligned with where the infant was found. Pediatrician records showed the infant was seen at the ER for a virus on 7/15/21. She was seen for a follow up appointment on 7/20/21 and she was observed to be healthy and doing well.

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? No

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



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059161 - Deceased Child, Female, 1 Mons	059162 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
059161 - Deceased Child, Female, 1 Mons	059162 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
059161 - Deceased Child, Female, 1 Mons	059162 - Mother, Female, 25 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input checked="" 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"/>

Additional information:

The father was not interviewed face to face but he was spoken to on the phone and attempts were made to follow up with him.

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"/>

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:
Risk was adequately assessed for the three children that were in the home at the time of the incident and services related to the fatality were offered. It was not documented if the father's other children had contact with the infant.

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality



Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 declined bereavement services on behalf of the 4-month-old child and two other children present at the time of the incident.

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

Explain:
Bereavement services and funeral assistance were offered to the family and it was unknown if they utilized these services.

History Prior to the Fatality

Child Information

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

No

Was the child ever placed outside of the home prior to the death?

No



Were there any siblings ever placed outside of the home prior to this child's death?

No

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

Yes

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 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