



Report Identification Number: RO-22-009

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

Issue Date: Sep 12, 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: 3 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 04/21/2022
Initial Date OCFS Notified: 04/21/2022

Presenting Information

An SCR report alleged on 4/21/22, the grandmother laid the 3-month-old child down on his side, in a crib, for a nap around 1:00 PM. The grandmother checked on the child an hour later and found the child unresponsive on his stomach. The father was present in the home but it was unknown what actions the father took during this time. A call was made to 911 and EMS responded to the home. EMTs performed CPR while the child was transported to the hospital where he was pronounced deceased. A bruise was noted on the child's forehead. The grandparents and father did not have an explanation for the child's death. The grandmother and father were listed as alleged subjects. A subsequent report received on 4/21/21 included the grandfather as an alleged subject.

Executive Summary

This report concerns the death of the 3-month-old child that occurred on 4/21/22. A report was made to the SCR the same day, and a subsequent report was received on 4/22/22. The reports alleged the child passed away after being placed down for a nap. There was a concern the child had a bruise on his face at the time of his passing. At the time of the fatal incident, the child, and siblings, aged 2 and 3 years, were being babysat at their paternal grandparents' home. At the time of the death, the child resided with his parents and siblings. The siblings were assessed to be safe in the care of the parents.

Monroe County Department of Human Services (MCDHS) coordinated investigative efforts with law enforcement upon receipt of the SCR reports. An autopsy was performed; however, the final report had not yet been received at the time this report was written. The outcome of the criminal investigation remained unknown.

The grandmother reported she placed the child on his side, on top of a pillow on a queen-sized bed to nap. When she checked on the child, she found him face-down on the pillow and there was blood on the child's face and on the pillowcase. She alerted the father, who called 911. CPR was performed until EMS arrived and transported the child to the hospital where he was pronounced deceased. At the time of the fatal incident, the grandfather nor the mother were at the residence.

MCDHS gathered information from collateral contacts including first responders, family members, the pediatrician and the sibling's preschool. No concerns for the safety of the children were revealed.

MCDHS conducted home visits and documented thorough interviews. The Safety Assessments and required reports were completed with accuracy. The allegations of Inadequate Guardianship and DOA/Fatality were unsubstantiated against the grandfather. He was not present at the time of the fatal incident and played no role in the child's death. The father was unsubstantiated for Inadequate Guardianship, Lacerations/Bruises/Welts and DOA/Fatality. The father was working in another part of the grandparents' home at the time of the fatal incident and was not providing care for the child at that time. The investigation revealed the child had a bruise on his forehead as he was hit by a toy that a sibling threw. The allegation of Inadequate Guardianship was substantiated against the grandmother. MCDHS based their determination on information that the grandmother placed the child in an unsafe sleeping environment with aggravating factors as the child was placed on top of a pillow and was on his side, which placed him at risk of immediate or impending danger. DOA/Fatality was unsubstantiated against the grandmother as the autopsy report remained pending at the time of case closure and MCDHS did not obtain information stating the grandmother caused the death of the child. The adults were



offered bereavement services, however, the record was unclear whether or not the family accepted the services. The case was closed timely on 6/16/22.

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

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: 04/21/2022

Time of Death: 02:36 PM

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

Unknown

County where fatality incident occurred:

Monroe



Was 911 or local emergency number called? Yes
 Time of Call: 02:36 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

Did child have supervision at time of incident leading to death? Yes
 How long before incident was the child last seen by caretaker? 1 Hours
 At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted Absent
 Asleep Other:

Total number of deaths at incident event:

Children ages 0-18: 1
 Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	60 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Male	64 Year(s)

LDSS Response

On 4/21/22, MCDHS received the initial fatality report from the SCR. Within the first 24 hours of investigation, MCDHS coordinated investigative efforts with law enforcement, spoke with the medical examiner and district attorney's offices, contacted the source, and documented a CPS history check. The family did not have prior CPS involvement. The safety of the siblings was assessed. The siblings did not provide information regarding the fatal incident and it remained unknown where they were in the home at the time of the fatal incident. The mother reported the child appeared fine when she dropped the children off to be cared for by the grandmother. The mother had no information regarding the fatal incident; however, the record reflected the mother was aware of safe sleeping recommendations and that the child slept in a crib at home.

Hospital staff provided information that the bruise on the child's head would not have been caused by an impact that would have caused the death. Hospital staff reported the grandmother said on 4/21/22, she babysat the children and placed the child down for a nap on her bed. An hour later, the grandmother checked on the child and he was unresponsive. The



father was working from the home and called 911 and the child was transported to the hospital. The hospital staff performed lifesaving measures for approximately an hour prior to the child being pronounced deceased.

Law enforcement provided information they gathered. The grandmother reported to law enforcement that she placed the child down for a nap on a bed. The child had pillows around him and was placed on his side to sleep. Later, the grandmother checked on the child to find him unresponsive and not breathing with blood coming from his mouth. Law enforcement stated the death was likely a result of the unsafe sleeping environment. The record reflected law enforcement photographed the child’s sleeping environment and the photograph showed the pillow on top of the bed had an indentation of the child's head and face. Additionally, the pillowcase appeared wet from fluids that were expressed from the child’s nose and mouth, as well as a blood stain.

On 4/22/22, the father was interviewed. The father’s recollection reflected what he had reported to law enforcement. The father said he was working in another area of the home when the grandmother screamed the child was not breathing. He called 911 and performed CPR with the grandmother. The father initially thought the child had fallen off the bed but learned otherwise.

The grandmother reported to police and MCDHS that the children came to the grandparents’ home around noon, and she fed the child. He fell asleep in his car seat for about 20 minutes before the grandmother placed him on his left side, on her bed and on top of a pillow. She placed another pillow near the foot of the bed so the child would not fall off the bed. She checked on the child at 1:30 PM and he was fine. At 2:30 PM, she checked again, and the child was face-down on the pillow. She saw blood on the pillow and picked the child up and screamed for the father. The grandfather was not home at the time of the fatal incident. He stated that the child had not visited their home much, and that the siblings would sleep in cribs. It remained unknown if the grandparents had another crib for the child. It also remained unknown if the grandmother was aware of safe sleeping recommendations.

First responders stated CPR was being performed by the family when they arrived and reported no concerns for the surviving children. MCHDS contacted the aunt, pediatrician, and the preschool attended by one of the siblings. There were no concerns for the safety of the children.

MCDHS completed required casework activity timely. The family did not require further intervention from MCDHS, and the case was closed.

Official Manner and Cause of Death

Official Manner: Pending
Primary Cause of Death: Pending
Person Declaring Official Manner and Cause of Death: Unknown

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
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Child Fatality Report

061281 - Deceased Child, Male, 3 Mons	061286 - Grandparent, Female, 60 Year(s)	DOA / Fatality	Unsubstantiated
061281 - Deceased Child, Male, 3 Mons	061286 - Grandparent, Female, 60 Year(s)	Inadequate Guardianship	Substantiated
061281 - Deceased Child, Male, 3 Mons	061286 - Grandparent, Female, 60 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
061281 - Deceased Child, Male, 3 Mons	061287 - Grandparent, Male, 64 Year(s)	DOA / Fatality	Unsubstantiated
061281 - Deceased Child, Male, 3 Mons	061287 - Grandparent, Male, 64 Year(s)	Inadequate Guardianship	Unsubstantiated
061281 - Deceased Child, Male, 3 Mons	061284 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
061281 - Deceased Child, Male, 3 Mons	061284 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
061281 - Deceased Child, Male, 3 Mons	061284 - Father, Male, 34 Year(s)	Lacerations / Bruises / Welts	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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"/>

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input 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 record did not reflect the siblings were referred for services; however, it was unknown if the siblings required services because of their comprehension level of the death given their young ages.

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

Explain:
The adults were provided with bereavement service referrals.

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?

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 New York.

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