



## Report Identification Number: SV-20-012

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

Issue Date: Jul 27, 2020

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                 | ASTO-Allowing Sex Abuse to Occur            |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 month(s)

**Jurisdiction:** Rockland  
**Gender:** Female

**Date of Death:** 04/04/2020  
**Initial Date OCFS Notified:** 04/04/2020

## Presenting Information

Rockland County Department of Social Services received an SCR report on 4/4/20 regarding the death of an 8-month-old female child while in the care of her mother and father. The report alleged that the mother awoke and found the child unresponsive. An ambulance service was called, and the child was transported to the hospital. The child was later pronounced dead at the hospital. The child also suffered an internal injury while in the care of the mother.

## Executive Summary

This report concerns the death of an 8-month-old child that occurred while in the care of the mother and father. There were 4 surviving siblings (twin 10-year-olds, 5, and 3 years old) who were assessed to be safe in the care of the parents throughout the investigation.

Rockland County Department of Social Services (RCDSS) received the report regarding the child’s death on 4/4/20 and initiated their investigation. RCDSS initially spoke with the responding law enforcement officers and was informed the mother had been awake with the child most of the night and that the child was fussy. At around 6:00 AM, the mother woke the father up to care for the child while she slept a bit. At some point the father noticed the child was in distress, woke the mother, and an ambulance service was contacted and responded to the home. The child was born premature and was otherwise healthy. Due to religious beliefs, a full autopsy was not performed; however, an external examination was completed.

RCDSS gathered information regarding the child’s death from the mother, father, surviving siblings, law enforcement, the ambulance service, and medical examiner. RCDSS also obtained medical records for the subject child. The child was an otherwise healthy child who was seen in her pediatrician’s office in February 2020 for a persistent wheeze and was prescribed a nebulizer as needed to treat the symptom. The parents disclosed the child did not display any respiratory distress during the night prior to her death. The child was otherwise healthy and there were no concerns noted for her in the care of her parents.

The medical examiner provided RCDSS with the final autopsy report. The autopsy was an external exam only and included a full skeletal x-ray. The official cause of death was listed as undetermined. There were no signs of trauma, and a COVID-19 test was not administered. The child appeared healthy and well cared for.

Home visits were completed by RCDSS. However, due to COVID-19, RCDSS did not enter the home and provided the family technology to complete home visits from a safe distance. RCDSS also conducted as many contacts with the family by phone as possible to maintain COVID-19 safety guidelines. The family had no CPS history. RCDSS completed required reports and safety assessments on time.

RCDSS completed a thorough investigation and determined the child’s death was not due to any actions or inaction of the mother and father. RCDSS unfounded and closed their case on 6/26/20.

## 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:**  
RCDS conducted a thorough investigation and made an appropriate determination of the allegations and decision to close 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: 04/04/2020

Time of Death: Unknown

Time of fatal incident, if different than time of death: 06:30 AM

County where fatality incident occurred: Rockland

Was 911 or local emergency number called? No

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping                       Working                       Driving / Vehicle occupant



Playing  
 Other

Eating

Unknown

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

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

| Household                  | Relationship   | Role                | Gender | Age        |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim      | Female | 8 Month(s) |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 34 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 34 Year(s) |
| Deceased Child's Household | Sibling        | No Role             | Female | 10 Year(s) |
| Deceased Child's Household | Sibling        | No Role             | Male   | 10 Year(s) |
| Deceased Child's Household | Sibling        | No Role             | Female | 5 Year(s)  |
| Deceased Child's Household | Sibling        | No Role             | Male   | 3 Year(s)  |

### LDSS Response

RCDSS conducted a thorough and complete investigation into the death of the SC. RCDSS coordinated with law enforcement to conduct the investigation. The surviving siblings were assessed to be safe in the care of the mother (SM) and the father (SF) throughout the investigation period.

RCDSS initially spoke with LE regarding the incident. LE informed RCDSS that the mother had been awake with the SC all night and that the child has been fussy. The SM woke the SF around 6:00 AM to care for the child. The SF was holding the SC, noticed she became unresponsive, woke the mother, and they called an ambulance. The SC was transported to the hospital and pronounced dead after life saving interventions did not have an effect.

RCDSS conducted interviews with the SM and the SF by phone due to the COVID-19 pandemic. The SM identified that the day before was a normal day. The SM put the SC in her crib to sleep and she woke up around 12:00 AM. The SM identified the SC was fussy and alternated between holding her, putting her in the crib, and walking her around the home in her carriage for the rest of the night. The SM identified that she woke up the SF at 6:00 AM. The SF identified not having been aware of the SM being up all night with the baby. The SF identified that he tried to give the SC some juice, she threw up, and he noticed that she was struggling to breathe and was unresponsive. The SF was holding her when he noticed her condition worsen. The SF stated this occurred at 6:30 AM, he woke the SM, and she contacted the ambulance. The ambulance service arrived, began transport to the hospital, and started CPR while en route. The SF identified the SC was pronounced dead at the hospital.

The twin 10-year-old siblings were interviewed by phone. The children disclosed that their mother had told them of the SC's passing. The children disclosed no knowledge of the SC being ill prior to her passing. The 5-year-old and 3-year old siblings were not interviewed in-depth due to their ages and the COVID-19 restrictions. The children were assessed to be safe with the SM and the SF throughout the investigation period.



RCDSS contacted the EMS responders that responded to the home. RCDSS was informed that there were no concerns the child was injured as reported. The SC was unresponsive upon their arrival and had weakened breathing. Transport began immediately and CPR was started during the transport to the hospital.

RCDSS reviewed medical records for the children. Medical records showed that the SC had been seen in the office in February 2020 for wheezing and was prescribed nebulizer treatments as needed. The SM identified that the SC seemed congested the night she passed away but did not seem to be in distress or struggling to breathe. The parents provided nebulizer treatments as necessary to the SC. No other concerns were identified for the SC medically other than being born premature.

The ME listed the official cause of death as undetermined. The ME noted the SC was prescribed a nebulizer and was seen in February by her primary care physician. A COVID-19 test was not administered, and the SC was otherwise healthy and appeared well cared for.

RCDSS made the appropriate decision to unfound the allegations against the SM and the SF regarding the death of the SC.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** Unknown

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

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes

**Comments:** RCDSS coordinated the investigation with an MDT response.

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

**Comments:** Rockland County does not have an OCFS approved CFRT.

### SCR Fatality Report Summary

| Alleged Victim(s)                       | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 054387 - Deceased Child, Female, 8 Mons | 054388 - Mother, Female, 34 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 054387 - Deceased Child, Female, 8 Mons | 054388 - Mother, Female, 34 Year(s) | Inadequate Guardianship | Unsubstantiated    |
| 054387 - Deceased Child, Female, 8 Mons | 054388 - Mother, Female, 34 Year(s) | Internal Injuries       | Unsubstantiated    |
| 054387 - Deceased Child, Female, 8 Mons | 054389 - Father, Male, 34 Year(s)   | DOA / Fatality          | Unsubstantiated    |
| 054387 - Deceased Child, Female, 8 Mons | 054389 - Father, Male, 34 Year(s)   | Inadequate Guardianship | Unsubstantiated    |
| 054387 - Deceased Child, Female, 8 Mons | 054389 - Father, Male, 34 Year(s)   | Internal Injuries       | Unsubstantiated    |



# Child Fatality Report

## 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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:

RCDSS conducted the investigation during the height of the COVID-19 pandemic in NYS. In person contact was limited and RCDSS did not enter the home to alleviate safety risk of COVID-19.

## 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:**  
The family was offered services and chose to utilize their own supports and providers.

### 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 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <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:**

Services were offered to the family by RCDSS. The family chose to utilize their own supports and services recommended to them.

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

**Explain:**

Services were offered to the family by RCDSS. The family chose to utilize their own supports and services recommended to them.

## 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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

### CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The family has no CPS history.

### Known CPS History Outside of NYS

There is no 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