



**Report Identification Number: NY-17-010**

**Prepared by: New York City Regional Office**

**Issue Date: Aug 07, 2017**

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		
<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
CPR-Cardiopulmonary Resuscitation		
<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



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 02/01/2017  
**Initial Date OCFS Notified:** 02/01/2017

## Presenting Information

On 2/1/17, the SCR registered two reports regarding the death of the two-month-old male SC. The first report was registered as an initial and the second was registered as a duplicate. On 2/4/17, the duplicate report was closed in CONNX. The reports alleged that at an unknown time on the night of 1/31/17, the BF awoke to feed the SC. The BF then put the SC down next to him on the bed and when he awoke at approximately 6:30 A.M. he found the SC unconscious and unresponsive. The report alleged the BF “grabbed” the SC and ran to the hospital. The BM and the BF were listed as the subjects of the SCR reports.

## Executive Summary

The two-month-old male SC died on 2/1/17 while sleeping in a queen size bed with his BF. ACS’ investigation revealed that at approximately 1:30 A.M. on 2/1/17, the BF fed the SC, burped and placed him in the crux of his arm, and then they both fell asleep on the bed. At about 6:30 A.M., the BF woke up to find the SC unresponsive. The BF did not call 911; instead he took the SC and ran to the hospital where the SC was triaged and then pronounced dead at 7:27 A.M. by pediatric emergency room staff. The autopsy report listed the SC’s cause of death as asphyxia due to obstruction of nose and mouth by soft bedding; the manner of death was accident, (co-sleeping in bed with parent). The BM and the surviving sibling (SS) did not witness the incident. The BM was at work and the SS was at the MGM’s home at the time.

On 2/1/17, the ACS Specialist initiated the investigation and made contacts with the family and other collaterals. The statements obtained from the family and the information provided by relevant collaterals ruled the SC’s death non-suspicious; consequently, no arrests were made.

During the investigation, ACS held a child safety conference (CSC) with the family. The attendees at the CSC agreed that the SC’s death was accidental and there was no need for Family Court intervention. ACS referred the family to the Jewish Board of Family and Children Services (JBFCS) for bereavement counseling services. Although ACS referred the family for services and the family initially agreed to the services with JBFCS, the family later declined all services.

On 4/26/17, ACS unsubstantiated the allegations of DOA/FATL and IG against the BPs. There were no reported risk or safety concerns for the SS. ACS deemed the SS safe and comfortable in the care of her BPs.

## 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?** Unknown
- **Safety assessment due at the time of determination?** Yes



- Was the safety decision on the approved Initial Safety Assessment appropriate? No

**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? N/A

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:**  
Despite supervisory directives, there was no documentation that indicated the Specialist followed up with JBFCS to determine if the family received services.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Diligence of Efforts
<b>Summary:</b>	ACS did not follow up with JBFCS to determine the family commenced/received services.
<b>Legal Reference:</b>	NYCRR 430.12D
<b>Action:</b>	The Administration for Children’s Services (ACS) must submit a Program Improvement Plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	ACS did not complete the 24-Hour Safety Assessment that is required with the 24-Hour fatality Report.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.
<b>Issue:</b>	Pre-Determination/Assessment of Current Safety/Risk
<b>Summary:</b>	The S/A's dated 3/27/17 and 4/18/17 are identical. S/A's are to reflect current circumstances in the home. The Investigation Determination S/A should reflect safety decision #1. The safety factor comments are inconsistent with the safety decision.
<b>Legal Reference:</b>	18 NYCRR 432.2 (b)(3)(iii)(b)
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies what action it has,



or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 02/01/2017

**Time of Death:** 07:27 AM

**County where fatality incident occurred:** Bronx

**Was 911 or local emergency number called?** No

**Did EMS to respond to the scene?** No

**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
- Eating
- Unknown
- Other

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 2

**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	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)

### LDSS Response

On 2/1/17, the Specialist contacted hospital staff and LE to obtain information regarding the fatality. The statements provided by the hospital staff and LE ruled the SC's death non-suspicious. ACS documented that LE would not be making any arrests.

On the same date, the Specialist visited the case address and interviewed the BF. The BF reported that on the night of the



incident he placed the SC next to him on the same bed and then they both fell asleep. At about 6:30 A.M., he awoke and found the SC unresponsive. The BF took the SC and ran to the hospital which was near his home. The BF stated he did not call 911 because the hospital was only two blocks away from his home. The BF denied being under the influence of any drugs or alcohol at the time of the incident. The Specialist observed a playpen in the home for the SC. The Specialist educated the BPs on the dangers of bed sharing with infants. The BPs admitted they had received safe sleep instructions but they still chose to co-sleep with the SC because he would not sleep in his playpen.

The family’s neighbors did not report any concerns regarding the care the BPs gave the children. They described the BPs as attentive and appropriate with the children.

The Specialist then visited the MGM’s home to assess the SS. The Specialist engaged the SS and she communicated that her “brother was in heaven.” She expressed appropriate sadness about her brother not being in the home. The Specialist deemed the SS safe in the MGM’s home. She appeared to be in good health and meeting her developmental milestones. The MGM reported that the SS stayed three days per week at her home because the SS’ school was close to her home. She confirmed the SS was with her at the time of the SC’s passing.

On 2/2/17, ACS held a child safety conference (CSC) to discuss the SS. The CSC referred the family to the Jewish Board of Family and Children Services (JBFCS) for bereavement counseling services. The SS was deemed safe in the care of her BPs.

Following the CSC, ACS conducted domestic incident and criminal history database checks on the family. The parents did not have any prior history.

Also on 2/2/17, the staff at the SS’ school did not report any behavioral concerns for the SS.

Between 2/13/17 and 4/25/16, ACS made several casework contacts with the family and other relevant collaterals. There was no new information regarding the fatality. Also, there were no changes in the family's living arrangements.

On 4/26/17, ACS unsubstantiated the allegations of DOA/FATL and IG against the BPs; however ACS kept the case open for services. There were no reported risk or safety concerns for the SS. ACS determined the SS to be safe and comfortable in the care of her BPs.

Despite supervisory directives, there was no documentation that indicated the Specialist followed up with JBFCS to determine if the family received services.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

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

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The investigation adhered to approved protocols for joint investigation.

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

### SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039021 - Deceased Child, Male, 2 Mons	039022 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
039021 - Deceased Child, Male, 2 Mons	039022 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
039021 - Deceased Child, Male, 2 Mons	039023 - Father, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
039021 - Deceased Child, Male, 2 Mons	039023 - Father, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>siblings/ other children in the household within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	-------------------------------------	--------------------------

**Explain:**  
ACS did not complete the 24-Hour Safety Assessment as required.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<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	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
----------	----------------	--------------	------------------	----------------	------------	-----	-------------



	Death	Refused	if Used	Offered	Unavailable		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other, specify:</b> Voluntary services, counseling.							

**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 initially accepted by the family for counseling for the SS and the BPs but they later declined all services.

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

**Explain:**  
Services were initially accepted by the family for counseling for the BPs but they later declined all services.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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

The family did not have CPS history prior to the fatality.

### Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

- Yes
- No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### 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

### Additional Local District Comments

No additional comments from ACS.

### 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