



**Report Identification Number: SV-16-024**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 10/21/2016**

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	

### 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
CPR-Cardio-pulmonary Resuscitation		

### 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-Others	

### 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	



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 day(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 06/12/2016  
**Initial Date OCFS Notified:** 06/12/2016

## Presenting Information

This report was called in to the New York Statewide Central Register of Child Abuse and Maltreatment on 6/12/2016 as a subsequent to a case called in at the time of the subject child's birth, 3-days earlier. This report listed allegations of DOA/Fatality and Inadequate Guardianship regarding the mother, father and paternal grandparents on behalf of the 3-day-old subject child. This report alleged the subject child was last seen alive at approximately 3:00 AM on 6/12/2016 when the mother put her in her bassinet. At approximately 8:00 AM, the mother checked on the subject child and found her to not be breathing. The grandmother called 911. The report added the subject child had an episode in the hospital where her heart had stopped and had been spitting up mucus, but no other details were known. The subject child was taken to the hospital and pronounced dead at 9:10 AM. The autopsy was pending.

## Executive Summary

The investigation revealed that on 6/12/2016, the 3-day-old female subject child was put in the adult bed next to the mother. The subject child was swaddled, and placed on her left side. There was a bassinet in the room that was flush against the bed next to the subject child, to prevent her from falling out of the bed; however she was not placed in it. The father was also in the bed, on the opposite side of the mother, and next to the wall. The account of the mother stated the subject child fell asleep around 3:00 AM on 6/12/2016, and the mother left her in the bed as to not disturb her by moving her to the bassinet. At approximately 8:00 AM, the mother awoke, and went to use the bathroom, leaving the subject child in the bed with the father in the same position she had fallen asleep in at 3:00 AM. At this time, the father observed the subject child to look blue in color and found that she was not breathing. The father made a call to 911 to report the subject child not breathing and was instructed by the 911 operator to preform Cardio Pulmonary Resuscitation (CPR). The father followed the instructions of the operator until paramedics arrived at the scene. The subject child was noted to have stiff hands and blue lips, and was transported to the hospital where she was pronounced dead by the attending physician at the hospital at 9:10AM.

Medical records indicated the full term subject child was born with a positive toxicology for marijuana, and the mother tested positive for marijuana at the hospital when the subject child was born. The mother complained of symptoms of Hyperemesis Gravidarum (HG) during her pregnancy and disclosed she smoked marijuana as a result. There was no documented history that the mother informed her Obstetrician of her marijuana use. Records indicated the subject child had some minor feeding problems after birth, however it was unclear if this was related to the positive toxicology for marijuana. The subject child was noted to have been an otherwise healthy baby and was released from the hospital within the typical timeframe. The subject child was seen by the pediatrician for a scheduled newborn visit on 6/11/2016. The exam revealed no concerns, and safe sleep information was provided.

The safety and well-being of the 15-year-old paternal aunt was assessed and contact with her was maintained. The CPS investigation was closed on 8/03/2016. All of the allegations listed on the report were determined to have been unsubstantiated regarding the mother, father, and paternal grandparents, on behalf of the subject child. There was no evidence to support the parents were under the influence or any drugs and/or alcohol, and no other aggravating circumstances were observed. Bereavement service referrals were offered to the family. At the close of the



investigation, the family had become involved with a local support group, and the father was engaged in individual counseling within the community. The mother was looking for an individual counselor that accepted her insurance plan, and agreed to look into the resources provided by SCDSS.

An autopsy was performed on the subject child on 6/12/2016. As per the Medical Examiner, there was no indication of any trauma or other injury indicative of abuse and/or neglect. The official cause and manner of death were pending at the closure of the investigation, as the subject child's toxicology and other lab results were still not received. The Medical Examiner did not provide a preliminary cause of death. Local law enforcement officials made no arrests and no charges were filed as a result of the death however the investigation remained ongoing.

## 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

### Explain:

All assessments and the determination were appropriate.

**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:

The decision to close the case and the investigation determination were appropriate. There were documented supervisory/managerial meetings with the caseworker in which the case was discussed and directives were provided.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities



# NYS Office of Children and Family Services - Child Fatality Report

## Incident Information

**Date of Death:** 06/12/2016

**Time of Death:** 09:10 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:**

Unknown

**Did EMS to 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

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?** 5 Hours

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

1

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

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

**Children ages 0-18:** 1

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	15 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	41 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

## LDSS Response

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations listed on the report. SCDSS made many appropriate collateral contacts including the Medical Examiner, local law enforcement officials, hospital staff, relatives, and community resources. All subjects were interviewed and observed, and the



allegations were discussed. Appropriate service referrals were offered to the family.

There were no surviving siblings. The safety and well-being of the 15-year-old maternal aunt who resides in the home was assessed, and contact with her was maintained. SCDSS completed all safety assessments and the risk assessment profile (RAP) accordingly, and in a timely manner. The case notes were well documented, detailed, and contemporaneous.

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided.

The CPS investigation was closed on 8/3/2016 and the allegations on the report were determined to have been unsubstantiated regarding the mother, the father, and the paternal grandparents, on behalf of the subject child for Inadequate Guardianship, and DOA/Fatality. There were no concerns noted by the subject child's Pediatrician or other medical professionals, and no outward signs of trauma or other injury indicative of abuse and/or neglect during the final autopsy or otherwise. Appropriate service referrals were provided to the family for bereavement counseling. The family was engaged in a support group and the father was engaged in individual counseling at the time of the case closure. The mother was looking into the referrals provided by SCDSS for a bereavement resource that accepted her insurance.

As per the Medical Examiner's office, an autopsy was performed on the subject child on 6/12/2016. The Medical Examiner noted no indication of any trauma or other injury indicative of abuse or neglect. The final autopsy results including the cause and manner of death were not yet complete at the time of case closure as the toxicology and other lab results were pending. The medical examiner did not provide a preliminary cause of death. Local law enforcement officials also reported not noting anything suspicious surrounding the subject child's death, no criminal charges were filed and no arrests were made. Detectives indicated no criminal charges were anticipated.

### Official Manner and Cause of Death

**Official Manner:** Pending

**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:** The fatality investigation was conducted by an MDT team.

**Was the fatality reviewed by 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
030801 - Deceased Child, Female, 3 Days	030805 - Grandparent, Male, 41 Year(s)	Inadequate Guardianship	Unsubstantiated



# NYS Office of Children and Family Services - Child Fatality Report

030801 - Deceased Child, Female, 3 Days	030804 - Grandparent, Female, 40 Year(s)	DOA / Fatality	Unsubstantiated
030801 - Deceased Child, Female, 3 Days	030802 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
030801 - Deceased Child, Female, 3 Days	030802 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
030801 - Deceased Child, Female, 3 Days	030805 - Grandparent, Male, 41 Year(s)	DOA / Fatality	Unsubstantiated
030801 - Deceased Child, Female, 3 Days	030804 - Grandparent, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
030801 - Deceased Child, Female, 3 Days	030803 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
030801 - Deceased Child, Female, 3 Days	030803 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Appropriate collateral contacts were made. Progress notes were well documented, detailed and contemporaneous.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



# NYS Office of Children and Family Services - Child Fatality Report

Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# NYS Office of Children and Family Services - Child Fatality Report

**Explain as necessary:**

The 15-year-old aunt who resided in the home at the time of the fatality, did not need to be removed from the home.

**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	Needed but 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

Appropriate service referrals were offered to the family. The father was engaged in counseling services following the death of the subject child and the family, as a unit, planned to attend a support group to discuss the subject child. The mother, grandparents and paternal aunt were not engaged in services at the time of case closure, but all agreed they needed services and would look into them.



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? Yes

Explain:

Service referrals were provided to the family for the paternal aunt for bereavement services.

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

Explain:

Service referrals were provided to the family for bereavement 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? Yes
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? N/A
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 within three years prior to the fatality.

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

There were two prior reports listing the mother as a victim when she was a child. CPS investigations dated 7/11/2010 and 3/29/2012 with allegations of Inadequate Guardianship and Child Drug/Alcohol Misuse were unsubstantiated regarding the maternal aunt, and the mother's minor boyfriend's parents respectively.



### Known CPS History Outside of NYS

There is no 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.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No

### Foster Care Placement History

There is no record of foster care placement 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 local district comments were noted.

**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