



Report Identification Number: BU-19-038

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

Issue Date: Mar 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

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: 7 month(s)

Jurisdiction: Cattaraugus
Gender: Male

Date of Death: 10/15/2019
Initial Date OCFS Notified: 10/16/2019

Presenting Information

An SCR report alleged on 10/14/19, the 7-month-old male subject child presented with an anoxic brain injury and severe asphyxia while in the care of the mother and father. The child was lethargic, had seizures and had bruising on his body and swelling on his brain. The child went without oxygen for an unknown amount of time. As a result, his heart stopped and his brain herniated. The explanation provided did not match the child's injuries. The child was placed on life-support. On 10/16/19, a subsequent SCR report was received which alleged the child was taken off of life support at 10:15 AM on 10/15/19 as a result of the injuries he sustained while in the care of his parents. The roles of the 9 and 15-year-old siblings were unknown.

Executive Summary

This fatality report concerns the death of the 7-month-old male subject child who died on 10/15/19. A report was made to the SCR on the day prior to the child's death as he was found unresponsive and presented with a herniation of the brain and there was no explanation for his injury. A subsequent report was made to the SCR on the day of the child's death as the reported death was suspicious in nature. There were two surviving siblings, ages 9 and 15 years who were assessed to be safe in the care of their parents.

Cattaraugus County Department of Social Services (CCDSS) coordinated with law enforcement immediately upon receipt of the initial SCR report and notified law enforcement on the day of the child's death. The family had no recent criminal history or CPS history. An autopsy was performed; however, the medical examiner's report was pending at the time of case closure. The medical examiner's initial findings showed no remarkable trauma or inflicted injuries.

The father reported placing the child in a Pack 'N Play with his head propped on a blanket around 7:30 AM. He said the child's head had to be propped due to his acid reflux. The father checked on the child at around 10:00 AM and found the child face-down and unresponsive. He immediately told the 15-year-old surviving sibling to call 911 and the father began performing CPR. EMS arrived at the home and drove the child to the emergency room. The child was then transported to a different hospital for more advanced medical treatment. The child was placed on life-support and succumbed to his injuries on 10/15/19. At the time of the fatal incident, the 9-year-old sibling was in his bedroom and the mother was at work.

CCDSS gathered information regarding the child's death from hospital staff, first responders, the medical examiner, the family, and the pediatrician.

Home visits were made to the case address, as well as the address where the family moved to during the investigation. Both homes were assessed to be safe for the surviving siblings. The family was offered an abundance of services in response to the fatality including burial assistance and grief counseling. The family was accepting of the referrals. CCDSS completed the required Safety Assessments and required reports timely and accurately.

The allegations within the report were unsubstantiated against both parents. The case record reflected the investigation did not reveal credible evidence the death was a result of child abuse or maltreatment, despite the unsafe sleep environment the child was placed in. CCDSS noted the pediatrician could not recall how the parents were instructed to place the child to sleep; therefore, they unsubstantiated the allegations.



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:

Casework activity was commensurate with case circumstances.

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:

Case conferences with supervision were clearly documented and included details about the investigation and 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: 10/15/2019

Time of Death: 09:10 PM

Date of fatal incident, if different than date of death:

10/14/2019

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

Unknown



County where fatality incident occurred: Cattaraugus

Was 911 or local emergency number called? Yes

Time of Call: 10:12 AM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

Sleeping 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? 2 Hours

At time of incident supervisor was:

Drug Impaired Absent

Alcohol Impaired Asleep

Distracted Impaired by illness

Impaired by disability 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	7 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	38 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)

LDSS Response

On 10/16/19, CCDSS learned from hospital staff the child died after succumbing to his injuries on 10/15/19. CCDSS had already begun investigating the circumstances that resulted in the child's death, after receiving the initial SCR report alleging the child had an anoxic brain injury and asphyxia. At the time of the child's death, law enforcement and the district attorney's offices had been notified and a CPS history check was documented. Immediately after receiving the SCR report regarding the death, CCDSS notified law enforcement, called the source of the report and notified the medical examiner.

Prior to the child's death, CCDSS spoke with several medical professionals. Medical staff said the child's injuries were inconsistent with the father's explanation. The father initially said he found the child seizing while he was asleep, but later said the child was found unconscious and the father began to perform CPR.



The father was interviewed on 10/16/19 at the police department. The father reported he was ill in the days prior to the child’s death but limited his contact with the child. On 10/14/19 around 6:30 AM, the father fed the child a bottle while they sat on the couch together. The father then moved the child to the other side of the couch. Approximately an hour later, the father swaddled the child and placed him in a Pack ‘N Play, and propped the child on a blanket. The exact placement of the blanket and position of the child remained unknown. The father said the parents were instructed by the pediatrician to prop the child and not to allow the child to sleep on his back due to acid reflux. At around 9:45 AM, the 15-year old sibling came home from football practice and noted the child was being quiet. The father checked on the child around 10:00 AM, and noticed he was face-down in the Pack ‘N Play, did not look right and was limp. The father told the 15-year-old sibling to call 911 and started CPR. The child took a breath and had labored breathing. EMS arrived and took over resuscitation efforts. The child was transported to the hospital via ambulance and was soon transferred to another hospital for a higher level of care. He was placed on life-support, which the family withdrew on 10/15/19 and the child expired.

The 15-year-old sibling was interviewed and corroborated the father’s recollections of the fatal incident. The 15-year-old sibling said he saw the child unresponsive and heard the father telling the child to wake up. He called 911, and the father ran outside with the child and waited for EMS.

The 9-year-old sibling was interviewed and said he was upstairs when he heard voices yelling and went downstairs. The 9-year-old sibling saw the father run outside with the child, and the 15-year-old sibling told him to go back upstairs. The mother was at work at the time of the fatal incident and did not have additional information regarding the death, but said it was normal for the child to have his head propped on a pillow due to his acid reflux.

CCDSS contacted the pediatrician who said he did not provide safe sleep recommendations to the parents and could not remember specifically what he told the parents regarding proper sleeping positions for the child considering his acid reflux.

CCDSS spoke with the maternal uncle, who was documented to be a support for the family. He did not have any concerns for the care the parents provided to their children.

Law enforcement determined the death to be accidental and closed their investigation. The medical examiner’s report was not completed at the time this report was written.

CCDSS offered services to the family in response to the fatality. The family was accepting of bereavement services and counseling as well as funeral assistance. The father was engaged in addiction counseling at the time of case closure as he had a history of addiction and took proactive measures. The case was closed as the family had no need for further services from CCDSS.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The death was referred to the Child Fatality Review Team during the course of the investigation.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052077 - Deceased Child, Male, 7 Mons	052080 - Mother, Female, 33 Year(s)	DOA / Fatality	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052080 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052080 - Mother, Female, 33 Year(s)	Internal Injuries	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052080 - Mother, Female, 33 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052080 - Mother, Female, 33 Year(s)	Swelling / Dislocations / Sprains	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052081 - Father, Male, 38 Year(s)	DOA / Fatality	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052081 - Father, Male, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052081 - Father, Male, 38 Year(s)	Internal Injuries	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052081 - Father, Male, 38 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
052077 - Deceased Child, Male, 7 Mons	052081 - Father, Male, 38 Year(s)	Swelling / Dislocations / Sprains	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 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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:

CCDSS offered the family burial assistance; however, the family did not qualify.

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

The 15-year-old sibling was confirmed a maltreated child in 2008 regarding the mother's partner. The case was substantiated regarding the allegation of Inadequate Guardianship.

Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No