



Report Identification Number: NY-20-113

Prepared by: New York City Regional Office

Issue Date: Jun 13, 2021

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: 4 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 12/13/2020
Initial Date OCFS Notified: 12/13/2020

Presenting Information

The SCR registered a report which alleged at about 2:00PM on 12/13/20, the mother fed the four-month-old subject child and then laid her down on the couch to sleep. Neither the time nor the position in which the subject child was placed, was known. The report alleged the father was sitting next to the subject child while the mother was still in the home. About an hour and a half later, the mother checked the subject child and found the subject child cold and not breathing; the father had been sitting next to the child the entire time. The mother called 911 and relatives. It was unknown if the parents performed any life saving technique on the subject child at the time. The FDNY arrived on the scene first and EMS arrived minutes after. EMS took the subject child to the hospital and performed CPR enroute to the hospital. When EMS arrived at the hospital, the medical staff continued CPR on the subject child to no avail. The medical staff pronounced the subject child dead at 4:35PM. Prior to her death, the subject child was an otherwise healthy child. The parents did not have any explanation for her death.

Executive Summary

On 12/13/20, the Administration for Children's Services (ACS) received the SCR report with allegations of DOA/Fatality, Parent's Drug/Alcohol Misuse, and Inadequate Guardianship of the subject child by the father and Inadequate Guardianship of the subject child by the mother. At the time of the issuance of the OCFS report, the autopsy report had not been received.

At the time of the subject child's death, the child had been residing with her parents and two surviving male siblings ages six years old and three years old.

ACS initiated the CPS investigation in a timely manner. ACS obtained information from the family and relevant collaterals such as hospital staff, the ME, law enforcement, service provider and agency staff.

ACS learned the father smoked marijuana the night prior to the incident and again on the morning of the incident while caring for the three children. The mother placed the subject child in her crib on the morning of 12/13/20, and when the father awoke later in the morning, he took the subject child from the crib after smoking, and placed her on the couch, on her stomach. The father then fell asleep with his head resting on the back on the couch. Later the mother checked the child and found her face down on the couch, unresponsive. EMS was called to the home and the subject child was transported to the hospital where she was pronounced dead after efforts to resuscitate her proved futile.

The parents described the subject child as healthy, with no previous hospitalizations. The parents denied any abnormalities in the subject child's feeding and sleeping patterns and there was nothing unusual about the subject child twenty-four hours prior to her death. The emergency room physician provided a diagnosis of possible Sudden Infant Death Syndrome for the subject child pending the final autopsy.

Law enforcement interviewed the parents and did not make any arrests pending the final autopsy.

Throughout the investigation, ACS assessed the two surviving siblings by means of home and virtual visits, interviews with the parents, relatives, school staff, the pediatrician, and service providers. ACS did not document any safety concerns for the surviving siblings. ACS noted the older surviving sibling had a respiratory condition and was prescribed medication to be administered as needed. Additionally, the family had a treatment plan in place for the surviving sibling's



condition.

ACS held a child safety conference and the participants at the conference recommended PPRS for the family. The family accepted the services and the service provider reported the family was cooperating with all the service recommendations.

ACS unsubstantiated the allegation the DOA/Fatality of the subject child by the parents on the basis of no credible evidence to support the allegation. ACS documented that based on the ME's preliminary findings, there was no trauma to the subject child.

ACS also unsubstantiated the allegation Inadequate Guardianship of the subject child by the mother. ACS documented the mother acted appropriately with the subject child regarding safe sleep. The mother was drug screened and she tested negative for all illicit drugs.

ACS substantiated the allegations of Parent's Drug/Alcohol Misuse and Inadequate Guardianship of the subject child by the father. ACS documented the father admitted he smoked marijuana prior to the incident, while caring for the three children, and that he moved the subject child from the crib to the couch in the living room where she died.

ACS could have added and substantiated the allegations of Parent's Drug/Alcohol Misuse and Inadequate Guardianship of the two surviving siblings by the father, as he was providing care for the siblings. The father admitted he smoked marijuana prior to the incident, moving from the bedroom to the living room while caring for the three children. The father was aware that the older surviving sibling had a respiratory condition and was in the home at the time. The father's actions placed the surviving siblings at risk of harm.

The family continued to engage in services and were doing well. ACS assessed the family functioning to be stable.

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:

Sufficient information was gathered to make a determination for all allegations including those on the intake report.

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:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion was commensurate with the case circumstances.

Required Actions Related to the Fatality

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

Issue:	Appropriate Application of Legal Standards (Abuse/Maltreatment)
Summary:	ACS should have added and substantiated the allegations Parent's Drug/Alcohol Misuse and Inadequate Guardianship of the surviving siblings by the father. The father was aware that the older surviving sibling had a respiratory condition and the surviving siblings were in the home while he smoked during the night and on the morning of 12/13/20.
Legal Reference:	SSL 412(1) and 412(2)
Action:	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 attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/13/2020

Time of Death: 04:35 PM

County where fatality incident occurred: Bronx

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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
- Eating
- Unknown
- Other

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

At time of incident was supervisor impaired?



Drug Impaired

Impaired by illness

At time of incident supervisor was:

Distracted

Asleep

Alcohol Impaired

Impaired by disability

Absent

Other: **Unknown**

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	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

LDSS Response

Upon receipt of the report, ACS made contact with the hospital. From the emergency room physician, ACS learned the SC did not have any prior hospitalizations. The physician stated the child's death was possibly the result of Sudden Infant Death Syndrome; however, the ME would provide the final cause and manner of death.

Law enforcement did not make any arrests. Officers informed ACS the two surviving siblings were temporarily in the care of the maternal grandmother through a family arrangement.

On 12/14/2020, ACS visited the maternal grandmother's home to assess the two surviving siblings. The maternal grandmother denied ACS access to her home due to COVID-19 concerns. The surviving siblings were brought to the door and ACS assessed them to be free of marks and bruises.

On 12/14/2020, ACS contacted the father by phone. The father reported he was temporarily staying with the paternal grandfather as it was too emotional for the family to remain at the case address.

On 12/14/2020, ACS visited the maternal grandmother's home. The maternal grandmother did not report any concerns about the parents raising their children. She stated the surviving siblings would remain in her home until the parents were emotionally ready to care for them. ACS observed adequate sleeping arrangements for the surviving siblings in the home. ACS assessed and deemed the siblings safe at the time of the visit.

Also on 12/14/2020, the parents provided an account of the incident. The parents reported the subject child often cried when placed in the crib and would vomit while placed on her back. The parents also reported the subject child also slept longer on her stomach. The parents confirmed the child was found on her stomach and unresponsive. The father admitted to smoking marijuana while the mother denied drug use.

On 12/14/2020, the ME reported there was no sign of trauma to the subject child. The autopsy was pending further studies.



On 12/15/2020, the school staff did not report any behavioral or academic concerns for the older surviving sibling.

On 12/17/2020, ACS held a child safety conference and the recommendation was for the family to receive PPRS. The family accepted the services.

On 12/23/2020, the pediatrician reported that the subject child had been meeting her developmental milestones and her immunizations were current. The mother kept all the subject child's appointments and Safe Sleep practices were discussed with the parents at every visit. The pediatrician confirmed the mother had reported concerns about the subject child vomiting after feeding and she was advised to change the subject child's formula.

On 1/6/2021, ACS visited the family and observed the surviving siblings to be free of visible marks and bruises. There was no new information about the fatality.

On 1/7/2021, the service provider reported the father's drug test results were extremely high for the presence of marijuana. The mother tested negative for all illicit drugs.

On 1/20/2021, the maternal grandmother requested burial assistance from ACS. ACS submitted a written request for burial assistance on behalf of the family.

On 1/22/2021, ACS visited the family. The mother reported the older surviving sibling was hospitalized on 12/16/20 due to a respiratory condition and was discharged on 12/22/20 with medication. The mother stated the father had relocated to a new address where he spent time with the surviving siblings twice each week. The father and the maternal grandmother had medication in their homes for the older surviving sibling's respiratory condition. The mother stated she had completed an intake appointment for services and was enrolled for school. The older surviving sibling also attended school in-person and also engaged in remote learning. ACS did not document any concerns for the two surviving siblings during the visits.

Between 2/2/2021 and 3/9/2021, ACS made multiple casework contacts with the family and collaterals. The family functioning appeared stable. ACS assessed the father's new home and deemed it safe for the surviving siblings. The paternal grandmother did not have any concerns for the family. The pediatrician denied the younger surviving sibling had a respiratory condition. The service provider reported the family continued to engage in service and were doing well. Since his enrollment in services, the father tested negative for all illicit drugs.

On 3/10/2021, ACS substantiated the allegations Parent Drug/Alcohol Misuse and Inadequate guardianship of the subject child by the father. ACS unsubstantiated the allegation DOA/Fatality of the subject child by the parents. ACS also unsubstantiated the allegation Inadequate Guardianship of the subject child by the mother.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

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? No

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055877 - Deceased Child, Female, 4 Mons	055879 - Father, Male, 24 Year(s)	DOA / Fatality	Unsubstantiated
055877 - Deceased Child, Female, 4 Mons	055878 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
055877 - Deceased Child, Female, 4 Mons	055878 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
055877 - Deceased Child, Female, 4 Mons	055879 - Father, Male, 24 Year(s)	Inadequate Guardianship	Substantiated
055877 - Deceased Child, Female, 4 Mons	055879 - Father, Male, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

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 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"/>



Child Fatality Report

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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



CPS - Investigative History Three Years Prior to the Fatality

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

The family did not have any 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