



## Report Identification Number: SY-21-015

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

Issue Date: Sep 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 7 month(s)

**Jurisdiction:** Jefferson  
**Gender:** Female

**Date of Death:** 03/24/2021  
**Initial Date OCFS Notified:** 03/24/2021

## Presenting Information

Jefferson County Department of Social Services (JCDSS) received an SCR report which stated on 3/24/21, the 7-month-old female subject child passed away while in the care and supervision of the mother. The report alleged, at approximately 6:30PM, the mother placed the child on her back in the crib, which was located in the mother's bedroom. Around 7:30PM when checking on the child, the mother noticed that the child had rolled onto her stomach. The majority of her body, including her face, was covered by a blanket. The child presented with skin discoloration and appeared unresponsive. The mother immediately contacted emergency services and proceeded to perform cardiopulmonary resuscitation. The child was transported to the hospital for further medical intervention and was pronounced deceased at 8:15PM. The child was otherwise healthy and the mother was unable to provide an explanation for her death.

## Executive Summary

On 3/24/21, JCDSS received an SCR report regarding the death of the 7-month-old female subject child that had occurred on the same day. The child resided with her mother, father, and 1-year-old sibling. The family had relocated from another state six months prior and moved onto a military base.

JCDSS learned that leading up to the fatality, the child was left in the care of the mother while the father was on staff duty. At approximately 6:00PM, the mother put the child down for a nap. The child was placed on her back in a crib and her head was propped on pillows. The crib contained two throw pillows, a large blanket, a package of wipes and a bottle. The mother checked on the child about an hour later. She discovered the child unresponsive on her stomach with her face down on the mattress and her body covered by the blanket. The mother picked the child up, brought her downstairs, called 911 and began cardiopulmonary resuscitation efforts. Emergency services responded to the scene and took over lifesaving measures. The child was transported to the hospital where she was pronounced deceased at 8:15PM.

An autopsy was performed, and the cause and manner of death were undetermined with other significant conditions of an unsafe sleep environment and a recent upper respiratory infection. The death was also investigated by the military base's criminal investigative division and there had been no criminality found related to the death at the time the CPS investigation was closed.

The allegations of Inadequate Guardianship and DOA/Fatality against the mother were unsubstantiated, despite there being credible evidence to substantiate Inadequate Guardianship. JCDSS identified and documented the mother failed to exercise a minimum degree of care when she placed the child in a crib with several items that were hazardous. The mother was previously educated on safe sleep practices and placed the child at risk of harm by putting her to sleep in a crib with numerous other items. In addition, the home was reported to have an overwhelming scent of cigarette smoke. While the medical examiner could not state with medical certainty that the unsafe sleep environment caused the death, they listed an unsafe sleeping environment as a significant condition.

JCDSS assessed the safety of the surviving sibling and made appropriate safety decisions given the information gathered. A referral for a Behavioral Health Specialist was completed, and the specialist met with the family, discussed grief counseling, and provided ongoing support until the parents reported they no longer required the services. The family relocated out of state following the fatality to be closer to relatives. The CPS investigation was closed on 7/20/21.



## PIP Requirement

JCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the JCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, JCDSS will review the plan and revise as needed to address ongoing concerns.

## 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?** No

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

### Explain:

The family moved out of state during the investigation. JCDSS requested that West Virginia's local DSS conduct a home visit with the family, which identified no safety concerns. Once all casework tasks were completed, JCDSS closed their CPS investigation. While all required casework activity was completed, JCDSS did not make an appropriate determination regarding the allegation of IG.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Appropriateness of allegation determination
<b>Summary:</b>	There was credible evidence to substantiate IG, as the SM placed the SC at risk of harm by placing her in an unsafe sleep environment, which was a significant condition listed on the autopsy report; however, JCDSS unsubstantiated the allegation.
<b>Legal Reference:</b>	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)



**Action:** JCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Syracuse Regional Office if further guidance is needed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 03/24/2021

**Time of Death:** 08:15 PM

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

Unknown

**County where fatality incident occurred:**

Jefferson

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

07:24 PM

**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?** 1 Hours

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

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other: **Cooking dinner**

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

**Children ages 0-18:** 0

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Month(s)
Deceased Child's Household	Father	No Role	Male	19 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

### LDSS Response

JCDSS received the SCR report and within 24 hours initiated a joint investigation with the criminal investigative division



of the military. JCDSS searched SCR history, interviewed the parents, gathered information from law enforcement, interviewed hospital staff, and spoke to the medical examiner.

The mother reported the morning of the child's death the father left for work and the mother went back to sleep and woke up around 10:00AM. The mother fed and changed the subject child and sibling. During the day, the subject child acted normally. The mother reported the child started to get tired so she brought her upstairs and put her to sleep for a nap around 6:00PM. Afterward, the mother made the sibling dinner. While downstairs, the mother heard the child giggling and talking and then she went quiet. The mother stated she thought the child had fallen asleep. At approximately 7:20PM, the mother brought the sibling to bed and then checked on the child. The mother found the child on her stomach and almost entirely covered with a blanket with the exception of one of her legs. The mother stated the child's color did not look good and she took the blanket off of her and the child was not responding. The mother contacted 911 and performed CPR until first responders arrived and took over resuscitation efforts.

JCDSS gathered information regarding the subject child, the condition of the home and the sleeping environment of the child. The mother reported the child had been congested for about four to five days prior to the death and was receiving a congestion medicine. The mother reported the child was otherwise healthy and was seen by her pediatrician two months prior. The mother was aware of safe sleep guidelines; however, she had used a pillow and blanket with the sibling once he turned six months old and believed her children slept better on a pillow than they did lying flat. The child typically slept on her back in her crib in the parents' bedroom with her head on a pillow and a blanket covering part of her body. JCDSS inquired with the parents about drug and alcohol use. The mother denied use and the father admitted to one time marijuana use. Both parents submitted to a drug test and were negative for all substances.

JCDSS developed a safety plan with the parents, which required them to be supervised with the sibling while JCDSS investigated the circumstances regarding the death. JCDSS assessed the safety of the sibling within 24 hours of the fatality and determined he was safe with a friend of the family. During the investigation, the parents and sibling relocated out of state to be closer to their relatives. The paternal grandparents had agreed to supervise the sibling's contact with the parents until it was determined by JCDSS that a safety plan was no longer required. JCDSS requested the local department of social services in West Virginia conduct a home visit with the family, which was completed and there were no safety concerns.

The father confirmed he was not home at the time of the child's death and was notified while he was at work. During the investigation, the father expressed concern that the mother had done something to hurt the child. JCDSS provided the criminal investigative division with this information.

JCDSS gathered information from collateral contacts. Hospital staff reported the child did not have any physical signs of trauma or neglect, and the blood pooling in the child's body was consistent with being on her stomach or leaning forward against a chair. The mother provided consistent accounts regarding the child being found on her stomach and first responders denied observing the child in any type of chair.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**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?** Yes



**Comments:** JCDSS has an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057935 - Deceased Child, Female, 7 Mons	057936 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
057935 - Deceased Child, Female, 7 Mons	057936 - Mother, Female, 19 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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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"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**Explain:**  
JCDSS completed a referral for a Behavioral Health Specialist who met with the family, discussed grief counseling, and provided ongoing support until the parents reported they no longer required the services.

### History Prior to the Fatality

#### Child Information

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

#### Infants Under One Year Old

**During pregnancy, mother:**

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

Infant was born:



Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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

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

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

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

### Known CPS History Outside of NYS

The family previously lived in another state and JCDSS sent an inquiry about any CPS history in that state; however, no information was documented as being provided.

### 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

The allegation of Inadequate Guardianship was unfounded in error and JCDSS agrees that this should have been indicated and was noted in our fatality team meeting that this allegation would be indicated.

### 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