



Report Identification Number: BU-21-029

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

Issue Date: Feb 22, 2022

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: 24 day(s)

Jurisdiction: Niagara
Gender: Female

Date of Death: 09/07/2021
Initial Date OCFS Notified: 09/09/2021

Presenting Information

An SCR report was received which alleged that on 9/6/21, the mother went to sleep with the three-week-old subject child on her chest. On 9/7/21, the mother awoke between 11:00AM and 11:30AM to find the child still on her chest, but unresponsive with blood coming out of her mouth and nose. Emergency services were called and responded to the home. The medical technicians were able to regain the child's pulse before transporting her to a local hospital; however, the child died later in the day. The mother did not provide an explanation as to how the child became unresponsive. The father and unrelated home members had unknown roles.

Executive Summary

This fatality report concerns the death of a three-week-old female subject child that occurred on 9/7/21. A report was made to the SCR on 9/9/21 with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother. Niagara County Department of Social Services (NCDSS) received the report and investigated the child's death. An autopsy was completed; however, the final cause and manner of death remained pending at the time of this writing.

At the time of the child's death, she resided with her mother and father. Other household members included two unrelated adults (OA1, OA2), and two unrelated children, ages 8 (OC1) and 13 (OC2) years old. The subject child had no surviving siblings. The parents were not cooperative with the investigation and would not engage in a full interview. Therefore, limited information was available surrounding what occurred in the hours leading up to the fatality. After speaking with law enforcement and other household members, NCDSS determined that on 9/7/21, the mother was co-sleeping with the subject child in her bed. At approximately 11:00AM, the father, who had been showering, discovered the child laying beside the mother, not breathing, and with blood coming out of her nose. It was unknown if the father had also slept in the bed with the mother and child. Upon finding the child unresponsive, emergency services were called, and the father began cardiopulmonary resuscitation. The child was transported to the hospital via ambulance where he was pronounced deceased at 2:34PM on 9/7/21.

NCDSS interviewed household members and collateral sources, including law enforcement, medical staff, first responders, and the medical examiner. The safety of the unrelated children living in the home was assessed and they were deemed safe. Law enforcement found no criminality regarding the fatality. The medical examiner opined the cause of the child's death was likely due to sleeping in an unsafe environment. Additional concerns arose that the mother had consumed a significant amount of alcohol prior to co-sleeping with the child. Therefore, NCDSS added and substantiated allegations of Parent's Drug/Alcohol Misuse. Service referrals were provided to the family and the case was indicated and closed.

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:

NCDSS gathered information to determine the allegations and assess the safety of the other children in the household.

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 case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the 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: 09/07/2021

Time of Death: 02:34 PM

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

County where fatality incident occurred: Niagara

Was 911 or local emergency number called? Yes

Time of Call: 11:19 AM

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

Alcohol Impaired

Impaired by disability

At time of incident supervisor was:

Distracted

Asleep

Absent

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	Female	24 Day(s)
Deceased Child's Household	Father	No Role	Male	24 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Other Child - Unrelated CH	No Role	Male	8 Year(s)
Deceased Child's Household	Other Child - Unrelated CH	No Role	Female	13 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	28 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	34 Year(s)

LDSS Response

On 9/7/21, NCDSS received an initial SCR report which alleged SC was found unresponsive in bed with SM. Although SC died on that same date, the SCR fatality report was not received until 9/9/21. NCDSS initiated their investigation and coordinated efforts with their multidisciplinary team. Throughout the case, Deaf Access Services was utilized, as all adults in the home spoke sign language.

On 9/9/21, NCDSS interviewed the 8yo unrelated CH (OC1). OC1 reported SC died, but he did not see what happened or any police at the home. He reported he went to school that morning at 8:20AM, but SC and SM had left before he did. OC1 denied witnessing anything and did not disclose any safety concerns. On this same date, NCDSS interviewed the 12yo unrelated CH (OC2) who also resided in the home. OC2 reported SC died 2 days prior, and when she woke up for school that morning at 5:30AM, SC and SM were already at the hospital. OC2 explained her mother (OA1) told her what happened to SC after she returned home from school that day. OC2 stated she was told SM was sleeping with SC "cuddled into her left side" and SC's face was in SM's underarm area. She said SC would usually sleep in bed with SM. OC2 denied any safety concerns in the home.

On 9/14/21, NCDSS again met with OC2 at her school. During that interview, OC2 explained that on 9/7/21, when she awoke for school, everyone was home, but asleep, and when she arrived home that afternoon, OA1 told her and OC1 what happened. OC1 was not re-interviewed regarding the fatality, and it remained unclear why there were discrepancies in the CHN's recollection of events.



On this same date, NCDSS interviewed OA1 and OA2. OA1 reported that on the evening of 9/6/21, all the adults in the home were drinking alcohol. OA1 stated she had “a couple of beers,” as did OA2 and BF, while SM had several mini bottles of liquor, and a 40-ounce beer before bed. OA1 stated SC slept in bed with SM every night, including that night. OA1 explained she worked an overnight shift from 11:00PM to 7:00AM, and when she arrived home on the morning of 9/7/21, she got her CHN ready for school. OA1 said OC2 missed the bus, so she drove her to school. Prior to leaving, OA1 checked on SM and SC, and saw SC was in-between SM’s right arm and breast. She stated she told SM to move SC, as SC was too close to SM’s body and it was not safe; however, SM told her to leave her alone. OA1 said she then brought OC2 to school, returned to the home and went to bed with OA2. OA1 explained that at 11:00AM, BF woke her up pounding on her bedroom door saying SC was not breathing. OA1 explained 911 was called and she started CPR on SC. The record did not reflect that OA2 added anything additional during the interview; however, both adults expressed concerns surrounding SM’s alcohol use and possible interpersonal violence between SM and BF. It was further learned on this date that SM and BF had relocated to another state.

LE statements were reviewed and corroborated the information gathered by NCDSS. Additionally, it was noted that BF was in the shower when SC was found unresponsive. LE denied any of the adults appeared under the influence when they responded to the home, but officers smelled marijuana. LE explained it was believed SC’s death was a result of unsafe sleeping practices.

Although attempts were made to interview SM and BF, they would not fully engage; however, SM denied any substance use the night prior to the incident and any concerns surrounding domestic violence. NCDSS provided the parents referrals for grief and bereavement counseling and domestic violence resources. There were no criminal charges brought against either parent surrounding the death. The unrelated CHN were assessed as safe prior to the close of the investigation, and SM and BF remained in another state. The ME opined the cause of death was likely asphyxiation due to unsafe sleeping conditions. NCDSS substantiated the allegations and closed the case.

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

Comments: This fatality investigation was conducted by the Niagara County MDT.

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was submitted for review by the Niagara County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059546 - Deceased Child, Female, 24 Days	059547 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
059546 - Deceased Child, Female, 24 Days	059547 - Mother, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
059546 - Deceased Child, Female, 24 Days	059547 - Mother, Female, 23 Year(s)	DOA / Fatality	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 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"/>

Additional information:

NCDSS interviewed the family and collateral sources; however, the mother and father would not provide any details surrounding the fatal incident. Progress notes and other documentation were completed and entered within the required timeframes.

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"/>
Explain: NCDSS offered the family and other household members services in response to the child's death.				

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"/>
Explain as necessary: The other children in the household were assessed as safe and did not need to be removed as a result of this fatality report.				

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

NCDSS provided the parents and other household members with referrals for services; however, they declined.

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:

NCDSS provided the unrelated home members with grief and bereavement counseling referrals for the unrelated children.

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

Explain:

Grief and bereavement service referrals were provided to the adults in the home.

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? 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
- Had heavy alcohol use
- Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

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

In 2017, the female unrelated home member was indicated for Inadequate Guardianship regarding the two unrelated children.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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