



Report Identification Number: NY-15-089

Prepared by: New York City Regional Office

Issue Date: 4/29/2016

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 10/31/2015
Initial Date OCFS Notified: 10/31/2015

Presenting Information

According to the narrative of the report, at approximately 6:30 AM on 10/31/15, the two-month-old female child was found in bed with her mother, unresponsive and with blood in her nostrils. The child was pronounced dead on arrival at the hospital. She was an otherwise healthy child with no pre-existing medical conditions. The report alleged that there was no explanation for how she died, therefore the child's death was suspicious. The three adults in the home were made alleged subjects of the report.

Executive Summary

On 10/31/15 the SCR registered a report of the death of this 2-month-old female child. The allegations of the report were DOA/Fatality, PDAM and IG of the child by the parents and MGM.

The ME listed the cause of death as Undetermined (bed sharing with adult and soft bedding) and the manner of death as Undetermined.

According to the ACS investigation, on 10/30/15 the parents and child went to the maternal cousin's home for a party. A 15-year-old male child who resided in the home was visiting relatives that night, and the MGM was at an all-night prayer service.

At the party the parents drank 2-3 shots of Hennessy Liquor in Jell-O shots and a Red Bull. At approximately 1:00AM, the cousin drove the BM and the child home where the BM changed the child's diaper. The BF fed the child 2 ounces of Enfamil while BM went to bed. The parents reported that the father had the child in the living room while the BM went to sleep. The BM reported that when the child fell asleep the BF brought the child to the room and placed the child on her back next to her on the bed. The BM said the BF tapped her on her shoulder to alert her to the fact that he was placing the child on the bed. The child was face-up with a sheet across her chest and tucked under her armpits. The BM reported that when she went to sleep there was approximately 3-4 inches of space between her and the child, and that the child's head was placed on a pillow. The BM reported that around 5:00 AM the MGM came in and woke her up screaming when she realized that the baby was unconscious. The BM reported that the BF performed CPR on the child while MGM called 911. The ambulance arrived a few seconds later; the child was taken to the hospital and examined by doctors who later told the mother that the child had died.

The MGM said when she went into the bedroom she observed BM face down with the baby next to her. She reported that the baby had a sheet under her armpits and there was approximately 3-4 inches of space between BM and the child. The MGM reported that she saw the child had blood in her nostrils and was pale.

On 12/31/15 ACS substantiated the allegations of DOA/Fatality, Parents' Drug/Alcohol Misuse and Inadequate Guardianship of the child by the parents. According to ACS' documentation, the parents were aware of the dangers of co-sleeping but opted to have the child in bed (on a pillow) with the mother who was inebriated after having alcohol at a family gathering. ACS also documented that the parents were the caretakers of the child and they both had alcohol while caring for the child. According to ACS' documentation, hospital staff recalled that the mother smelled



of alcohol at the time the child was brought to the hospital.

ACS unsubstantiated the allegations against the MGM who was not in the home prior to finding the infant unconscious on the bed with the mother.

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:

N/A

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:

N/A

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	ACS did not appropriately complete the seven-day safety assessment. The comments were geared towards the 2-month-old child who had died and not towards the 15-year-old surviving child.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations 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: 10/31/2015

Time of Death: 06:24 AM

Time of fatal incident, if different than time of death: 05:45 AM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

05:57 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

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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: 001

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	015 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	029 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	048 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	026 Year(s)

LDSS Response

Following the receipt of the SCR report, the Specialist made contact with first responders. ACS learned that EMS arrived at the home at 5:57 AM and performed CPR on the child for 30 minutes; the child was pronounced dead at 6:24 AM on 10/31/15.

Interviews with family members revealed that the last time the child was seen alive was at about 1:45 AM. The father took the sleeping child to the bedroom where the mother was sleeping and placed the child face up on the bed with the mother. The parents reported that the BF tapped the mother on her shoulder to alert her to the fact that he was placing the child on the bed beside the mother. The BF then returned to the living room where he slept that night. Follow up with the family confirmed that while at a family function, the BM and BF drank 2-3 of Hennessey Liquor in Jell-O shots.

The Specialist spoke with the BM regarding co-sleeping. The BM reported that the child always slept with her because the child would not sleep in her bassinet or crib. The BM reported that after birth, prior to discharge from the hospital, she and BF received a video course at the hospital which outlined the dangers of co-sleeping.

The BF confirmed the information regarding the party, use of alcohol, transportation provided by the cousin to return to the family's home, and the fact that he placed the child face up on the bed with the mother. The BF reported that he placed the child on her back approximately 3-4 inches away from BM. He said that the child fussed for about a second and went back to sleep. He then placed a sheet on the child and under her armpits leaving her upper body out; the child's head was placed on top of a pillow and he tapped BM and told her the baby was beside her at which point she responded "OK". The BF reported that BM appeared coherent. The BF said he went back to the living room to watch TV and fell asleep on the couch. He was later awakened by the MGM's screaming. He reported that when he entered the room, he noticed that the baby was pale, not breathing and had dried drops of blood under her nostril. The BF said he attempted CPR on the child but the child did not respond. The BF reported that MGM called 911 and the ambulance arrived a few seconds later.

The MGM was not in the home prior to discovering the child's lifeless body on the bed beside the mother. The MGM said she returned home about 5:00 AM and saw BF sleeping on the sofa. She went into the bedroom where she observed BM face down with the baby next to her. She reported that the child was face up and had a sheet under her armpits. She reported that there was approximately 3-4 inches of space between BM and the child. The MGM said that the child had blood on her nostril and was pale. MGM reported that she began screaming and yelling, and when she picked up the child, the child was cold. The MGM said the BF initiated CPR while she called 911.

The 15-year-old surviving child in the home was not at home at the time of the incident. He did not have any information pertinent to the incident, but reported that the parents were usually attentive to the needs of the child.

The Specialist contacted the ME regarding the autopsy and was informed that at autopsy there appeared to be "redness to her (the child's) forehead as though there was something pressing against it;" however, nothing conclusive was found.

The Specialist maintained contact with law enforcement; however, law enforcement reported that there was no criminality surrounding the death of the child.

ACS indicated the report for allegations of DOA/Fatality, Parents' Drug/Alcohol Misuse and Inadequate Guardianship of the child by the parents but unsubstantiated the same allegations as they pertained to the MGM as she was not in the home at the time of the child's death.



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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)?No

Comments: The investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There is no OCFS approved Child Fatality Review Team

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027447 - Deceased Child, Female, 2 Mons	027448 - Mother, Female, 026 Year(s)	DOA / Fatality	Substantiated
027447 - Deceased Child, Female, 2 Mons	027448 - Mother, Female, 026 Year(s)	Inadequate Guardianship	Substantiated
027447 - Deceased Child, Female, 2 Mons	027450 - Grandparent, Female, 048 Year(s)	DOA / Fatality	Unsubstantiated
027447 - Deceased Child, Female, 2 Mons	027450 - Grandparent, Female, 048 Year(s)	Inadequate Guardianship	Unsubstantiated
027447 - Deceased Child, Female, 2 Mons	027448 - Mother, Female, 026 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
027447 - Deceased Child, Female, 2 Mons	027449 - Father, Male, 029 Year(s)	DOA / Fatality	Substantiated
027447 - Deceased Child, Female, 2 Mons	027449 - Father, Male, 029 Year(s)	Inadequate Guardianship	Substantiated
027447 - Deceased Child, Female, 2 Mons	027449 - Father, Male, 029 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

N/A

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 safety 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 type="checkbox"/>	<input checked="" 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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Explain:
 The comments in the safety assessment were not directed towards the surviving child in the home; rather, the assessment was done relative to the deceased two-month-old child. There were no safety factors as they pertained to the 15-year-old surviving child.



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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: No removals were necessary. The parents' only child died.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				



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Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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:

Father was already enrolled in a substance abuse program prior to the fatality.

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? No

Explain:

Child was referred for bereavement services.

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

Explain:

Parents were engaged in counseling sessions at the Sudden Death and Children Loss Center at Bellevue Hospital.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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 within three years prior to the fatality.

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

The mother was known as a maltreated child in reports dated 6/20/05 and 2/10/06. The allegations of the 6/20/05 report were CTS, II, and LBW. ACS investigated the report and unsubstantiated the allegations of CHTS and II and substantiated the allegation of LBW. No services were provided.

The 2/10/06 report involved the allegation of EdNEG of the mother by the PGF. The report was investigated and the allegation was substantiated. The mother was known as an alleged maltreated child in reports dated 4/28/06. The allegations of the reports were IFCS and IG of the mother by the PGF. The reports were investigated and the allegations were unsubstantiated.

Known CPS History Outside of NYS

There is no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

- Yes
No

Preventive Services History



There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

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

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