



Report Identification Number: NY-20-047

Prepared by: New York City Regional Office

Issue Date: Oct 16, 2020

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: New York
Gender: Male

Date of Death: 05/26/2020
Initial Date OCFS Notified: 05/26/2020

Presenting Information

The report alleged on 5/26/20, the SM and SF shared a bed with the SC. At about 8:00 AM, the SM found the SC unresponsive in an unknown location in the bed while the SF was sleeping. It was unknown what actions the SF took after the SM found the SC unresponsive, if any. The SM immediately contacted emergency services and performed CPR until EMS arrived. The SC was transported by ambulance to the hospital and was pronounced dead at 8:40 AM. The SC was last observed alive by the SF between 5:00 AM to 6:30 AM. The SC was an otherwise healthy CH and the SM and SF provided no reasonable explanation for his death.

Executive Summary

The 1-month-old male child (SC) died on 5/26/20. As of 10/16/20, OCFS had not yet received a copy of the autopsy report.

ACS learned that on 5/26/20, the SF fed the SC at about 5:00 AM and the SC was placed in the parent’s queen size bed by the wall. According to the SM, only herself, a u-shaped pillow and the SC were on the bed. The SC was placed to sleep on his back inside the middle of the pillow. The SM awoke at about 8:00 AM and saw the SC was unresponsive and limp. The SM then picked up the SC and alerted the SF who was in the living room. She then went to the living room with the SC and saw there was a small amount of blood in the SC’s nose. The SM returned to her room where the SF contacted 911 and followed instructions provided by the operator. The SM and SF took turns administering chest compressions until the FDNY arrived. The SM escorted the 6-yo SS to another floor to a neighbor’s home for child supervision. The SC was transported by ambulance to the hospital and was pronounced dead.

According to the SF, the morning of the incident he was asleep in the living room after he fed the SC at about 5:00 AM and placed the SC in the bed with the SM. The SC was placed in the middle of a U-shaped pillow with a blanket in his hand. The SF awoke to the SM screams and found the SC was not moving. The SM went to the living room with the SC, and he was unresponsive. The SF went to the bedroom and called 911 and administered CPR as directed by the operator.

On 5/27/20, Family Court Legal Service (FCLS) informed ACS that the MGM was granted legal custody of the 6-yo SS a few years ago and the SM recently filed a petition to modify the order. There was a temporary modified order to return custody to the SM.

On 5/29/20, the ME’s office reported upon examination of the body there were no injuries suggesting abuse and the SC had a history of a pre-existing condition which was initially not deemed to be serious. Later, the ME’s office said the toxicology and cause of death were still pending.

On 6/1/20, ACS opened a preventive services case for the family and offered the BM and BF support services.

On 6/2/20, ACS attempted to contact a community-based agency to refer the family for grief counseling. Later, ACS provided contact information for intake for grief counseling for the same agency. The same day, ACS submitted a request for the SM and SF to complete drug screening. Later, the SF informed ACS that the drug test was voluntary, and he refused to complete the drug screening.

On 6/3/20, a conference occurred and the participants discussed a plan to provide the family with grief counseling,



housing advocacy, Certified Alcohol Substance Abuse Counselor (CASAC) referral and testing. There was no plan for Family Court intervention.

On 6/4/20, ACS interviewed the neighbor, who supervised the SS on 5/26/20. Per the neighbor's account, the SM brought the SS to her home between 6:00 AM to 8:00 AM; she could not recall the exact time. The SM asked her to care for the SS. The SM told her the SC was not breathing and there was an ambulance downstairs.

The report had not yet been determined at the time this fatality report was issued.

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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:

ACS opened a preventive services case for the family.

Required Actions Related to the Fatality

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

Issue: Pre-Determination/Assessment of Current Safety/Risk



Summary:	The 6/25/20 safety assessment document was inadequate as the associated comment did not support the selected safety factor.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	ACS must submit a PIP 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: 05/26/2020

Time of Death: 08:46 AM

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

07:00 AM

County where fatality incident occurred:

New York

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?

N/A

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)



Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Other Household 1	Other - Father of sibling	No Role	Male	23 Year(s)

LDSS Response

On 5/26/20, the SS was interviewed at the CAC. The SS said she lived with the SM. The SS said the SC slept in his crib. Per the SS's account, she went to sleep, and she saw the SM in the room with the SF and the SC was on the SM's bed. The SS recalled that the SC was ill but stated she did not know how to explain additional details.

On 5/26/20, LE reported the SC was found unresponsive by the SM at about 8:00 AM. The SM administered CPR and the SC was transported to the hospital by EMS. LE said there was no arrest as no criminality was found, and there were no suspicious marks, bruises or injuries on the SC. Later, on 5/27/20, LE said the night of the incident, the SM co-slept with the SC. The SM awoke at 5:00 AM and the SF checked the SC at about 6:45 AM.

On 5/27/20, ACS interviewed the New York City Housing Authority (NYCHA) professional, who said the family had rental arrears. The NYCHA professionals said there were no complaints from neighbors. Later, NYCHA said the family had a rental arrears balance and made some payments.

On 5/27/20, ACS interviewed the 6-yo SS at the home of the maternal great aunt (MGA). The SS said she, the SM and SF lived together. The SS said she was not physically disciplined, and she added that she was told to stay in her room or not play games.

ACS interviewed the SM at the MGA's home. The SM reported that the SF fed the SC at 5:00 AM and the SC was placed in their bed inside a U-shaped pillow. The SC was in the middle of the pillow and the bed was next to the wall. At about 8:00 AM, the SM awoke and tried to touch the SC and saw the SC's arm was limp. The SM went to the living room with the SC and saw he had blood in his nose and then returned to her room where the SF called 911 and proceeded to follow instructions provided by the operator. Per the SM's account, the SC was born full term with no health issues. When she left the hospital with the SC, she was given many documents including information on the dangers of co-sleeping. The father of the SS was not involved with the SS. The SM informed ACS that she needed burial assistance.

The SF said he thought there was something wrong with the SC as prior to the fatality his behavior changed. The SF's account of the incident was similar to the SM's. He said that on 5/26/20, he awoke to the SM screaming that the SC was not moving at around 8:00 AM. He went to the room and called 911. The FDNY responded, started compressions, and the SC was transported to the hospital.

On 6/2/20, the medical professionals at the hospital informed ACS the SC's temperature was taken after 30 minutes; it read 95.2 degrees Fahrenheit. The medical professionals said there were no observable external injuries on the SC.

On 7/1/20, the SC's physician said the last time the SC was seen was on 5/21/20 and the SC was brought in for a well-child visit and vaccinations. This physician had no concerns about the care the parents provided the SC.

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)?No

Comments: The case documentation did not reflect there was an MDT response.

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

Comments: There is no OCFS approved Child Fatality Review Team in NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054827 - Deceased Child, Male, 1 Mons	054828 - Mother, Female, 25 Year(s)	DOA / Fatality	Pending
054827 - Deceased Child, Male, 1 Mons	054828 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Pending
054827 - Deceased Child, Male, 1 Mons	054829 - Father, Male, 25 Year(s)	DOA / Fatality	Pending
054827 - Deceased Child, Male, 1 Mons	054829 - Father, Male, 25 Year(s)	Inadequate Guardianship	Pending

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"/>
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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



Child Fatality Report

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:

ACS offered the family preventive services.

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

Additional information, if necessary:
ACS provided referrals for grief counseling.

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:
The SM said the family was not currently interested in services.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
The SM said the family was not interested in 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

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

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

The SF was not known to the SCR or ACS.

The SM was known to the SCR and ACS as a subject in one report dated 9/3/14. The allegations of the 9/3/14 report were IG and PD/AM of the SS by the SM. On 10/30/14, ACS unsubstantiated the allegations of the report.

During the 9/3/14 investigation, ACS opened a services case for the family on 10/20/14 but it was closed on 10/24/14. There were no Family Service Progress Notes (FSPN).

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