



Report Identification Number: AL-19-010

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

Issue Date: Jul 25, 2019

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		



Case Information

Report Type: Child Deceased
Age: 3 day(s)

Jurisdiction: Columbia
Gender: Male

Date of Death: 02/27/2019
Initial Date OCFS Notified: 02/27/2019

Presenting Information

An SCR report was received on 2/27/19, regarding the death of the subject child. The report stated the mother gave birth to the subject child on 2/24/19 and he was diagnosed with jaundice at delivery. On 2/26/19, the infant was discharged from the hospital and went home with the parents. On 2/27/19 at about 2:00AM, the mother woke to the infant crying and attempted to feed him, but was unsuccessful. The mother placed the infant back to sleep in an unknown location. At 6:00AM, the mother and father discovered an issue with the infant and called 911. EMS arrived to the home and found the infant deceased. The baby had noticeable redness in his face. The roles of the additional adults and children in the home were unknown.

Executive Summary

This report concerns the death of the 3-day-old male infant. Columbia County Department of Social Services (CCDSS) received an SCR report regarding the death on 2/27/19. There were concerns surrounding the infant's sudden death as he had been discharged from the hospital less than 24 hours before his passing. The mother had a normal pregnancy and delivery without any medical complications. The infant had no known health problems. The mother, father and infant were temporarily residing in the home of an aunt and uncle. The infant's cousins (ages 6, 15 and 16) also resided in the home. The infant was the only child of both the mother and father.

The mother and father arrived home from the hospital with the infant on 2/26/19. The infant was breastfed at the hospital and at home, but the mother was struggling with it and the baby was not eating a lot. The parents reported the baby slept in a bassinet, swaddled in a blanket. The mother was up with the infant twice during the early morning hours of 2/27/19 and when she woke for the third time to check on the infant, she found him lifeless and cold. The mother woke the other adults in the home, 911 was contacted and first responders responded to the call. The mother was performing CPR and EMS took over and transported the infant to the ambulance. Resuscitation efforts failed and the death was declared.

The coroner responded to the home and the infant was transported for an autopsy. The ME's report was not made available to CCDSS at the time of this writing. CCDSS was provided the death certificate; the manner of death was noted as natural causes and the cause of death was acute bronchopneumonia, with sharing a sleep surface with an adult noted as a contributing factor. The ME reviewed the statements the parents gave to LE as part of deciding the cause of death.

LE investigated the circumstances surrounding the fatality and found no criminal acts were committed to cause the death of the infant. The investigation was concluded and no charges were filed.

Throughout the investigation, CCDSS made several home visits to the home of the aunt and uncle and interviewed all the children. The ongoing safety and wellbeing of the infant's cousins were assessed continually and as concerns arose CCDSS addressed them with the aunt and uncle. The mother and father moved into the home of another relative after the incident and CCDSS had regular contact with parents throughout the investigation.

CCDSS appropriately substantiated the allegations of IG and DOA/Fatality against the mother and father regarding the infant. CCDSS documented throughout the investigation that the parents had inconsistent accounts regarding where the infant was found the morning of 2/27/19. First responders reported the infant had a "crusty" substance around his nose and mouth and redness in his face. There was some medical evidence that unsafe sleep conditions may have contributed to the death and CCDSS found there was causation between the sleep environment and the death.



CCDSS offered numerous services to all members of the household, including grief/bereavement counseling, mental health counseling, mobile crisis services, funeral assistance and assistance acquiring medical assistance. The mother was receiving grief counseling services at the time of this writing and the father had declined all services. The aunt, uncle and cousins were not attending counseling, but had referral information should they need future services.

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

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:

It was appropriate to conclude the investigation and the casework 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: 02/27/2019

Time of Death: Unknown



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

Unknown

County where fatality incident occurred:

Columbia

Was 911 or local emergency number called?

Yes

Time of Call:

05:56 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 4 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	Aunt/Uncle	No Role	Female	39 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	36 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Male	16 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Male	15 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Female	6 Year(s)
Other Household 1	Other Adult - father to cousin	No Role	Male	36 Year(s)

LDSS Response

Upon receiving an SCR report, CCDSS began their investigation by contacting the source, LE, the coroner and notifying the DA. CCDSS performed a CPS history search and coordinated their efforts with LE. CCDSS made a joint home visit the day the report was received and walked through the home with LE. The aunt and uncle and cousins were asked to leave while LE was processing the home. CCDSS met the aunt, uncle and their children in a public location and interviewed each of the children and assessed their safety.



The aunt and uncle told CCDSS and LE that the infant and mother were discharged home from the hospital on 2/26/19 and arrived at their home at about noon. The aunt left for work at about 3:45PM, and arrived home with the uncle at 11:30PM. The mother was awake and told her that the infant had eaten a little bit and was sleeping. The uncle reported when he left to get the aunt from work the mother was awake and breast feeding the infant. The aunt and uncle reported going to sleep in the living room around 1:00AM on 2/27/19 and woke to the mother telling them the infant wasn't breathing at about 6:15AM. The aunt called 911 and the mother began CPR until EMS arrived. The uncle acknowledged the mother was having trouble breastfeeding the infant and the aunt expressed concern that the mother was not advised the baby had to wake every 2-3 hours to eat. Both the aunt and uncle admitted to occasional alcohol and marijuana use, but denied using in front of the children. They both reported that the infant slept in the bassinet.

The cousins were all interviewed and stated they were woken at about 6:30AM on 2/27/19, when the first responders arrived at the home in response to the 911 call. They had no further information to share.

The father stated that the mother was successfully breastfeeding in the hospital, but upon discharge she was having difficulty because the infant was not latching on properly. The father stated the infant slept a lot the day they arrived home. The father went to bed around 11:30PM on 2/26/19, and the infant was already sleeping. The father reported the infant had been nursing here and there. The father heard the infant wake at 3:00AM, and the mother tried to feed him. The father woke at around 6:00AM on 2/27/19, when he saw the mother shining her cell phone light in the baby's bassinet and she said he wasn't breathing. The mother brought the infant into the living room and 911 was called. The father admitted to regular marijuana use and stated he had a couple of drinks the evening of 2/26/19.

The mother confirmed that the infant was having trouble with latching upon discharge from the hospital and she persistently tried to feed him, but thought he only received a little bit each time. The mother went to sleep at 12:00AM on 2/27/19 and woke to try to feed the baby at around 1:30AM. She tried to breastfeed him for half an hour with no success and then gave him a pre-mixed bottle of formula she had received. The infant only took a little bit of the formula and spit out the nipple, so she again attempted to breastfeed him. The infant fell asleep in her arms at about 2:30AM, and she swaddled him and placed him in the bassinet, positioned on his back. The mother woke again around 5:00AM, she checked on the infant and found him cold and not breathing. She took the infant into the living room, woke the aunt and uncle and called 911. The mother began CPR as directed by the operator until first responders arrived and took over. The mother denied any alcohol or drug use.

CCDSS spoke with the medical staff and they had no concerns for the parents' care of the infant after his birth. The nurse confirmed the parents did receive safe sleep education at the hospital.

CCDSS reviewed LE and medical records, listened to the 911 recording and spoke with first responders. There were no expressed concerns regarding the infant's care.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a 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: The death was referred to the CFRT during the course of the investigation.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050652 - Deceased Child, Male, 3 Days	050653 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
050652 - Deceased Child, Male, 3 Days	050654 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
050652 - Deceased Child, Male, 3 Days	050653 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
050652 - Deceased Child, Male, 3 Days	050654 - Father, Male, 31 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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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:
The mother is the only person in the home that accepted referrals for services. The mother sought grief counseling and declined all other 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



Child Fatality Report

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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 three other children living in the home (cousins to the subject child) were given referrals for grief counseling by CCDSS.

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

Explain:
The mother and father were referred to mental health and grief counseling services. All adults in the home were given contact information for the mobile crisis team. The mother was offered assistance with inquiring about medical insurance. The parents were also offered burial/funeral services. All adults declined services with the exception of the mother.

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
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

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

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

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

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No