



## Report Identification Number: SY-20-010

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

**Issue Date: May 19, 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

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 5 month(s)

**Jurisdiction:** Madison  
**Gender:** Male

**Date of Death:** 03/12/2020  
**Initial Date OCFS Notified:** 03/13/2020

## Presenting Information

An SCR report alleged that on 3/11/20 at about 10:00PM, the parents put the subject child to sleep on his stomach in a crib located at the foot of their bed. The parents covered the child with multiple blankets. On the morning of 3/12/20, at an unknown time, the child was found unresponsive and not breathing. The parents removed the child from the crib and attempted CPR. The father called 911 at 8:35AM. Emergency Services arrived at 8:44AM and other first responders arrived at 8:45AM. The child was pronounced dead at the hospital between 9:15AM to 9:30AM. The child passed away while in the care and supervision of the parents and the cause of death was unknown. The sibling had an unknown role.

## Executive Summary

This fatality report concerns the death of the 5-month-old male subject child that occurred on 3/12/20. A report was made to the SCR on the same date concerning the child's death, with allegations of Inadequate Guardianship and DOA/Fatality against the mother and father of the child. There was a surviving 1-year-old sibling, who resided in the home.

Madison County Department of Social Services (MCDSS) coordinated investigative efforts with law enforcement . At the time this report was written, law enforcement did not find any criminality related to the death of the subject child. An autopsy was performed and the official cause and manner of death were pending further testing.

The mother and father reported that on 3/11/20, at approximately 10:00PM, the mother nursed the subject child and then put him to sleep in his toddler bed, on his stomach, wrapped in a blanket and with another blanket placed on top of him. On 3/12/20, the mother found the child unresponsive in the toddler bed, face down with blankets over his head. The mother called 911 and resuscitation efforts were made by the father until EMS arrived and the child was taken to the hospital, where he was pronounced dead at 9:23AM.

The home was assessed and found to have no safety concerns for the surviving sibling. The parent's were unaware of safe sleep practices and were educated by MCDSS on safe sleep guidelines after the fatality occurred. The parents reported that the subject child had been sick with a respiratory illness prior to the fatality. The parents attempted to obtain medical care; however, the local urgent care was closed the two times they went. MCDSS obtained information related to the parent's plan for the ongoing medical care of the surviving sibling. MCDSS offered grief counseling services; however, the family had strong community support they elected to utilize.

MCDSS appropriately unfounded the allegations of Inadequate Guardianship and DOA/Fatality against the mother and father. MCDSS found that the subject child was placed in an unsafe environment; however, the parents were unaware of safe sleep practices and there was no causal connection identified by MCDSS in order to support an indication of the allegations.

MCDSS completed the required fatality reports timely and accurately; however, did not complete the CPS 7 Day safety assessment. Interviews with the parents were thorough, appropriate and showed efforts to accommodate the family's cultural beliefs. MCDSS offered the family appropriate services and closed the case timely.

## PIP Requirement



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

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

### Explain:

Casework activity was commensurate with best casework practice as outlined in the CPS manual.

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:

MCDSS conducted a thorough and timely investigation. Safety and Risk was accurately assessed. Contact was made with collaterals who expressed no concern for the care of the subject child or surviving sibling in the care of the parents. Multiple home visits were made and appropriate services were offered. An appropriate determination was made at case closure.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of Documentation of Safety Assessments
<b>Summary:</b>	There was no 7-day safety assessment tool completed in Connections for this investigation.
<b>Legal Reference:</b>	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)



**Action:** The results of each safety assessment must be documented in the case record in the form and manner required by OCFS. In this instance, the required manner is by the completion of a 7-day safety assessment in Connections.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 03/12/2020

**Time of Death:** 09:23 AM

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

Unknown

**County where fatality incident occurred:**

Madison

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

Yes

**Time of Call:**

08:35 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

**How long before incident was the child last seen by caretaker?** 10 Hours

**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	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	17 Month(s)



## LDSS Response

Upon receipt of the SCR report on 3/12/20, MCDSS initiated their investigation and coordinated efforts with law enforcement, conducted a CPS history check, spoke to the source and the medical examiner. The safety of the surviving sibling was assessed and a home visit occurred. The sibling was found to be safe in the care of his parents.

Joint interviews of the mother and father were conducted by MCDSS and law enforcement. It was learned that the infant was born at home and did not have a primary care doctor. The infant had recently been sick with cold like symptoms and two attempts were made to go to the local urgent care; however, it was closed when these attempts were made. The infant was otherwise healthy and not on any medications.

The mother and father reported that on 3/11/20 the family returned home from a trip to Ohio. The mother breast fed the subject child around 8:00PM and then again around 10:00PM. The mother wrapped the subject child in a blanket and placed him to sleep face down in a toddler bed at the foot of the parent's bed. There was another blanket placed on top of him. The mother woke at 8:15AM and went downstairs to prepare breakfast. The father also went downstairs to get coffee. The mother returned upstairs to change the surviving sibling's diaper, who slept in a crib outside of the parent's bedroom. The father was downstairs and heard a scream from the mother and ran upstairs. The mother found the subject child face down with blankets over his head. The subject child was cold and purple when found by the mother. The subject child was wearing a onsie, socks and cloth diaper. The father carried the subject child downstairs and the mother called 911. The father laid the subject child on the floor and performed CPR as instructed by 911. EMS responded and transported the child to the emergency room, where he was pronounced dead at 9:23AM.

The parents were unaware of safe sleep practices and reported not understanding why it was not recommended that an infant be put to sleep with blankets. MCDSS provided information on safe sleep guidelines and the parents reported they practiced these with the surviving sibling. MCDSS questioned the parent's about drug or alcohol use which they denied. The parents did not appear to be under the influence of drugs or alcohol during casework contacts.

MCDSS contacted all necessary collaterals. Hospital records showed the subject child arrived to the emergency department without a pulse. Multiple rounds of CPR and medications were given. A bed side echocardiogram was performed and there was no cardiac activity. The child could not be resuscitated. There were no concerns for the care of the subject child or surviving sibling reported during collateral contacts made by MCDSS.

MCDSS conducted several home visits and assessed the surviving sibling to be safe in the care of his parents. MCDSS offered the family grief counseling services; however, the family chose to seek out services and support through their community. The CPS investigation was unfounded and closed on 5/6/20.

## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Comments:** MCDSS jointly investigated the fatality report with their local law enforcement agency.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The 30 day fatality report indicated the case would be referred to the Madison County's CFRT.



### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053601 - Deceased Child, Male, 5 Mons	053602 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
053601 - Deceased Child, Male, 5 Mons	053602 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
053601 - Deceased Child, Male, 5 Mons	053603 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
053601 - Deceased Child, Male, 5 Mons	053603 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

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



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

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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

### 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 family was offered grief counseling and information related to medical care for the sibling. The parent's declined grief counseling and obtained medical care through a privately sought out physician.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 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 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:**  
 The family was offered grief counseling; however, they declined. Members of the family became ill during the investigation and MCDSS offered information about how to obtain medical care and testing.

**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:**  
 MCDSS offered the family grief counseling; however, the family elected to seek out support through their community.

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

**Explain:**  
 MCDSS offered the family grief counseling; however, the family elected to seek out support through their community.

## 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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record |   |

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

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

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

The family had no CPS history.

### Known CPS History Outside of NYS

The family had 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