



Report Identification Number: SY-21-037

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

Issue Date: Dec 23, 2021

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: 2 month(s)

Jurisdiction: St. Lawrence
Gender: Male

Date of Death: 07/28/2021
Initial Date OCFS Notified: 07/28/2021

Presenting Information

An SCR report alleged on 7/28/21 at approximately 12:30AM, the subject child was found by the mother unresponsive, cold and pale. The child was later pronounced dead at 1:43AM. The mother and grandparents were the caregivers for the child at the time of his death. The child was otherwise healthy and the adults in the home could not offer an explanation for his death. SLCDSS added allegations regarding the subject child's twin sibling sleeping in an unsafe sleep environment.

Executive Summary

On 7/28/21, St. Lawrence County Department of Social Services (SLCDSS) received an SCR report regarding the death of the 2-month-old male subject child that had occurred on the same date. The family resided in a two-unit dwelling. In one apartment resided the mother, subject child and the 2-month-old twin sibling. In the other apartment, resided the grandparents and 14-year-old sibling. The 14-year-old sibling had resided with the grandparents informally for most of his life due to concerns for the mother's ability to care for him and her substance misuse.

SLCDSS completed collateral and casework contacts and learned that on 7/28/21, the subject child was home with his mother, grandparents and siblings. In the evening, the grandmother bathed the twins and brought them to the mother in her bedroom. The twins and the mother went to sleep in the mother's bed. The twins were positioned on opposite sides of a pregnancy pillow. The mother woke and found the subject child in a different position than when he went to sleep and he was unresponsive. The mother's screaming woke the grandmother who came to the mother's apartment and assisted with CRP. First responders arrived and transported the child to the hospital where he was pronounced deceased.

Following the fatality, SLCDSS implemented a voluntary safety plan, which required the grandparents to care for the 2-month-old sibling and supervise the mother's contact. The safety plan was later modified when concerns for the grandparents arose, as they were aware the mother was not following safe sleep guidelines with the subject child and sibling prior to the fatality, and failed to intervene. As a result, the family agreed to have the twin sibling temporarily reside with a relative. After a period of time, the family requested the twin sibling return home. SLCDSS conferenced with their supervisory staff and determined the original safety plan would be sufficient in addition to a review of safe sleep practices with the grandparents and the sibling returned to them. SLCDSS partnered with the mother to enroll her in services to address her mental health and substance misuse. SLCDSS provided safe sleep guidance to the grandparents and mother and monitored the mother's participation in services. The family agreed to follow the safe sleep guidance reviewed with them for the twin sibling. Due to the mother's success in addiction counseling, mental health counseling and parenting classes, the safety plan ended and the twin sibling returned to the care of the mother.

An autopsy was performed and SLCDSS documented several efforts to obtain a copy; however, it was not yet available to them. Law enforcement investigated the death and had not pursued any criminal charges at the time this report was written.

The family was offered voluntary preventive services and accepted them. The mother was enrolled in mental health counseling, grief counseling, parenting instruction and addiction counseling. The grandparents and sibling were offered grief counseling services, but declined. The father passed away during the investigation and therefore, did not receive services in response to the fatality. SLCDSS had not yet determined the CPS investigation at the time this report was written.



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 written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The CPS investigation had not yet been determined at the time this report was written.

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:

SLCDSS opened a voluntary preventive services case for the family.

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: 07/28/2021

Time of Death: 01:43 AM

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

Unknown



County where fatality incident occurred: St. Lawrence

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 Working Driving / Vehicle occupant

Playing Eating Unknown

Other

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

At time of incident was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

Distracted Absent

Asleep 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	2 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	58 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	64 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Other Household 1	Father	No Role	Male	59 Year(s)

LDSS Response

Upon receipt of the SCR report on 7/28/21, SLCDSS initiated their investigation and coordinated efforts with LE, notified the DA's Office, conducted a CPS history check and spoke to the source. The safety of the 2-month-old and 14-year-old SSs was assessed and a safety plan was implemented based on the information gathered.

SLCDSS interviewed the MGM and learned that the night before the SC's death, she gave the twins a bath separately and dressed them for bed. The SM typically helped with the nighttime routine; however, she had told the MGM she had a headache and laid down. The MGM brought the twins to the SM in her room. The MGM stated that each twin would sleep on one end of a U-shape pregnancy pillow in the bed. The MGM left the room and searched for the SM's cellphone which had been lost earlier in the day. The MGM located the phone and went back into the bedroom and placed it on a nightstand. The SM and the twins were asleep at that time. The SM was in the middle of the bed on her back, the twin sibling was near the bottom of the bed on one side of the pillow near the SM's feet and the SC was on the other side of the pillow on his back near the SM's midsection. The MGM left the SM's apartment and returned to her own. At



approximately 12:45AM, the MGM said she woke to the SM screaming through the baby monitor she keeps in her apartment. The MGM went to assist the SM and discovered the SM holding the SC and he was blue in color and unresponsive. The MGF called 911 and the MGM continued resuscitation attempts until the arrival of first responders.

The SM reported that while pregnant with the twins, she was prescribed medication to assist with substance misuse. Once she gave birth, the prescription was stopped, and the BF was providing the SM with the substance misuse medication by purchasing it illegally. SLCDSS drug tested the SM and she was positive for alcohol and buprenorphine and had faint positive results for methamphetamines and amphetamines. The SM made admissions to drug use, and stated the last time she used was one to two weeks prior to the death. The grandparents knew the SM had a substance misuse history, but reported no knowledge of her recent drug use.

The SM reported the SC was in the NICU after his birth due to breathing issues and required oxygen to be administered. The SM said the SC was congested in the days leading up to his death and felt as if he had a fever, so she provided him with Tylenol. The MGM had taken the SC's temperature and it was within normal range. The SM recalled the twins being brought to her room prior to falling asleep and provided the same information as the grandmother did regarding their positioning in the bed. When the SM woke, the SC was face down between her hip and the mattress and his feet were up on the pregnancy pillow and he was unresponsive.

The BF was interviewed and reported he had visited with the SC outside on the front porch the day leading up to his death. The BF admitted to illegal drug use and refused a drug screen. The BF died during the CPS investigation and the record reflected it was due to his medical conditions. The 14yo SS was present at the time of the incident. He was woken by the SM screaming and LE coming to the home. He reported no safety concerns during his interviews.

SLCDSS visited the home and determined it was cluttered, but there were no safety concerns for the CHN. There were two Pack-N-Plays observed in the home, which were filled with items. It was learned it was typical for the SM to co-sleep with the twins and sometimes they would sleep in their car seats next to the bed as well. SLCDSS reviewed safe sleep guidance extensively with the SM and grandparents. SLCDSS spoke with the pediatrician, who was informed during a well child check that the mother was co-sleeping. The doctor advised the SM and MGM of the dangers of co-sleeping and advocated against it.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: SLCDSS indicated in their 24-hour and 30-day fatality reports that the fatality would be referred to their OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

058795 - Deceased Child, Male, 2 Mons	058797 - Grandparent, Female, 58 Year(s)	DOA / Fatality	Pending
058795 - Deceased Child, Male, 2 Mons	058797 - Grandparent, Female, 58 Year(s)	Inadequate Guardianship	Pending
058795 - Deceased Child, Male, 2 Mons	058798 - Grandparent, Male, 64 Year(s)	DOA / Fatality	Pending
058795 - Deceased Child, Male, 2 Mons	058798 - Grandparent, Male, 64 Year(s)	Inadequate Guardianship	Pending
058795 - Deceased Child, Male, 2 Mons	058796 - Mother, Female, 36 Year(s)	DOA / Fatality	Pending
058795 - Deceased Child, Male, 2 Mons	058796 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending
058799 - Sibling, Male, 2 Month(s)	058796 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Pending
058799 - Sibling, Male, 2 Month(s)	058797 - Grandparent, Female, 58 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"/>
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"/>



Child Fatality Report

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

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

Explain:

The 14-year-old sibling was offered grief counseling services; however, he declined them.

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

Explain:

The grandparents and parents were offered grief counseling services. The mother self-enrolled in mental health counseling. SLCDSS offered the mother a voluntary preventive services case, which she accepted. Additional services were provided to the mother, including parenting instruction, grief counseling and addiction counseling.

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

In 2013, the mother had a family assessment response case. It was determined that while acting as the sole caretaker of the now 14yo sibling, the mother overdosed. The mother and sibling resided with the grandparents.

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